

Name
in
Full

Elijah H Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	Crusfield	County	Somerset
Died at	Crusfield	County	Somerset
Date of death	1900	Month	3
		Day	23
		Age	39 -
Sex	Male	Color or Race	White
Occupation	Clerking in grocery	Where Residing if not at place of death	Roanoke City
Married, Single or Widowed	Married	Name of Wife or Husband	Ella Boston
Father's Name	Thomor Boston	Father's Birthplace	Roanoke City
Mother's Maiden Name	Don't know	Mother's Birthplace	Don't know
Name of person giving Information	Ella Boston	How related to deceased	Wife

CAUSES OF DEATH

Primary

Chronic Nephritis
Heart Failure

120

How long

6 mos

Immediate

you

Signature of Physician

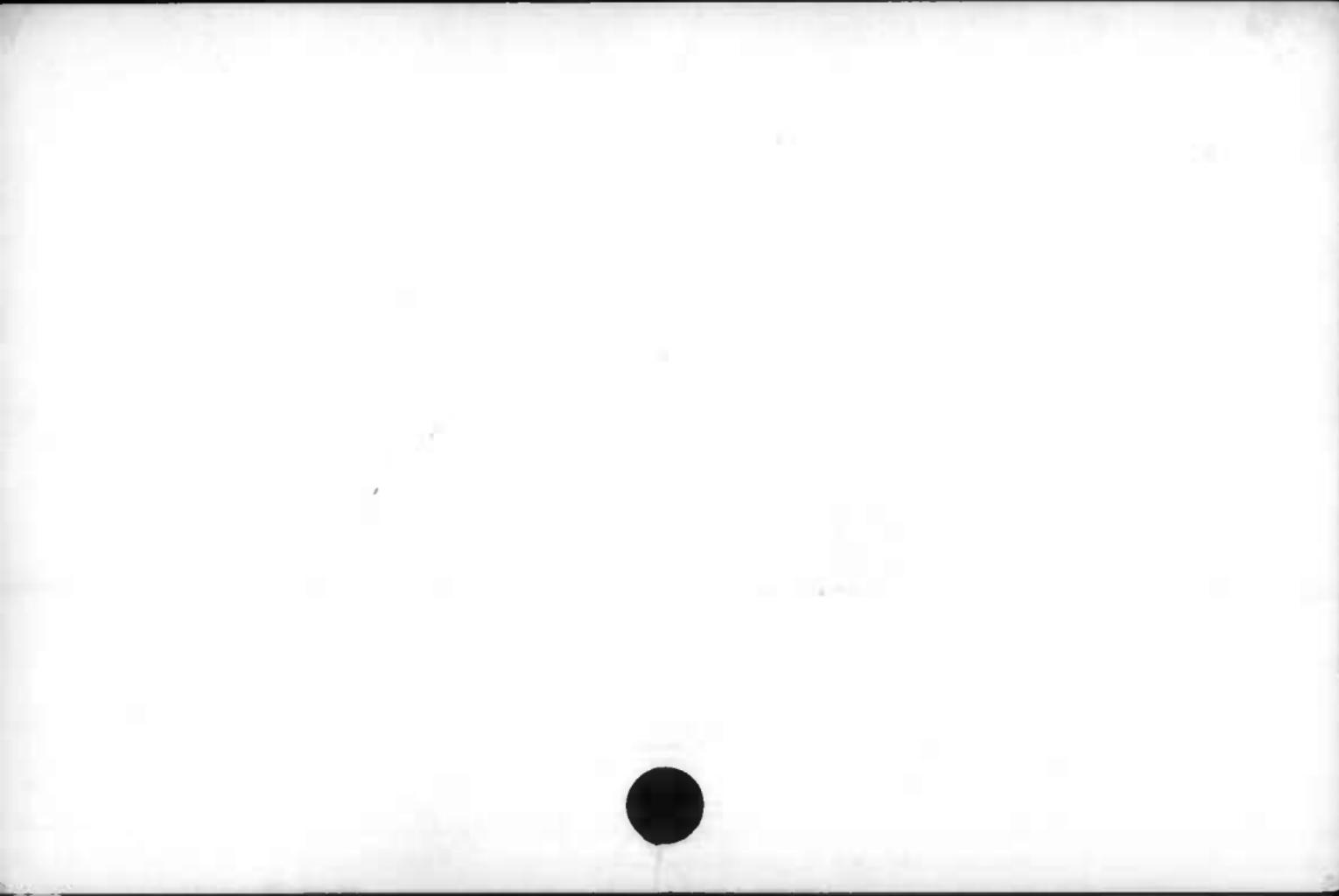
Address

W. S. Hall
Drifield Mo

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

no



Name
in
Full

Martha M. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at, Town County
Princess Anne Somerset

Date of death Month Day
1910 March 30

Age Years
67

Months Days
1 7

Sex Female Color or Race White

Birth-place Delaware

Occupation Dress maker Where Residing if not
at place of death

Married, Single or Widowed Widow Name of Wife or Husband

Edward E. Collins

Father's Name Doughty, Collins

Father's Birthplace Delaware

Mother's Maiden Name Sallie Cordrey

Mother's Birthplace Delaware

Name of person giving Information Mattie C. Elzey

How related to deceased Daughter

CAUSES OF DEATH

Primary Cerebral Haemorrhage

64

V

How long

9 days
24 hours

Immediate Exhaustion

Signature of
Physician

Address

Henry M. Lankford
Princess Anne
Maryland

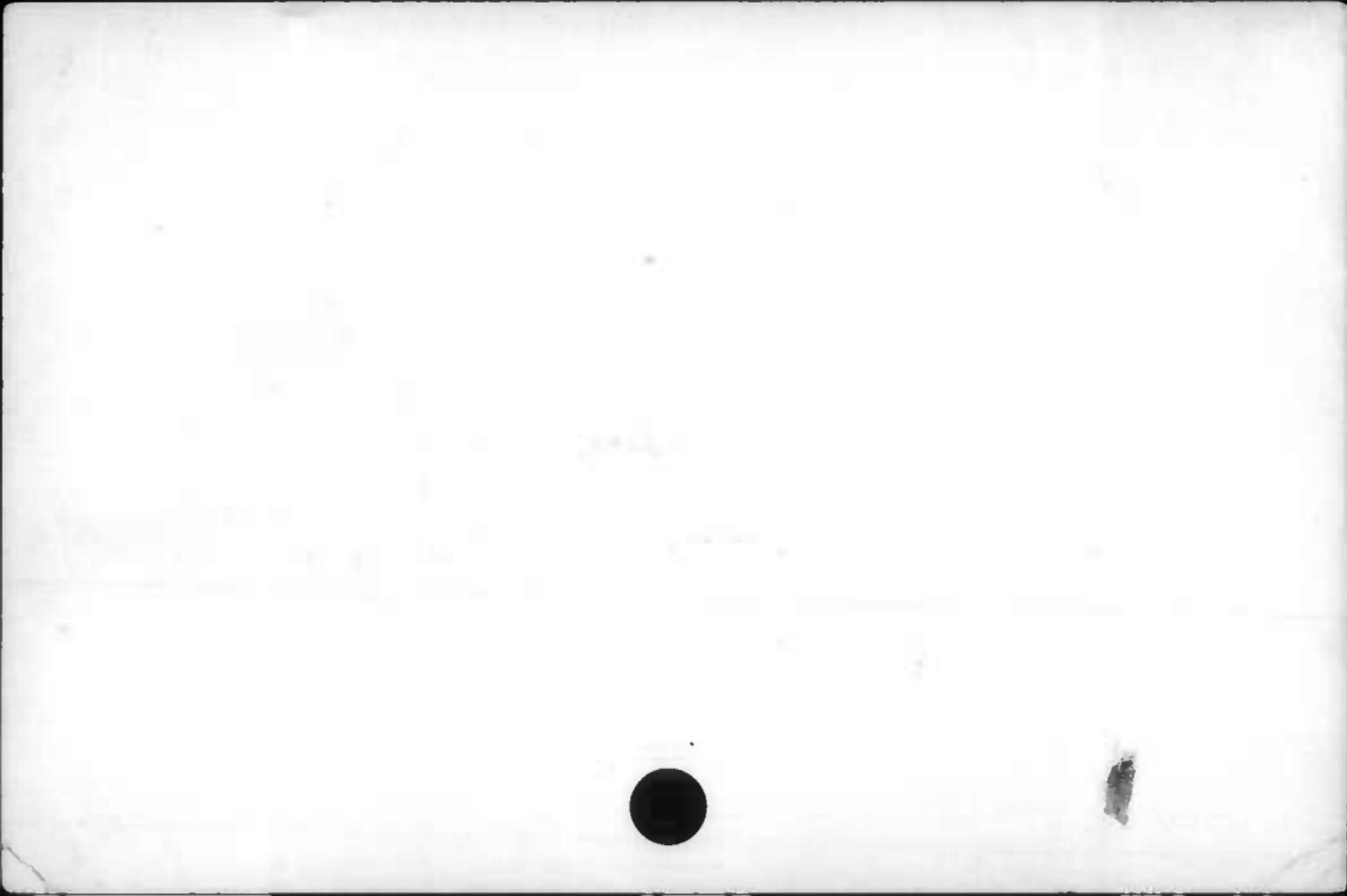
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

No

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

S. Etta Coulbourne

Died at Ashbury

Town

County

CERTIFICATE OF DEATH

MARYLAND

Date of death 190	Month Feb	Day 23	Years 1	Month 7	Days -
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Sex
Female

Color or
Race Black

Birth-
place Md

Occupation
Widow

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name James Coulbourne

Father's
Birthplace Md.

Mother's
Maiden Name Ella Tull

Mother's
Birthplace Md.

Name of person giving
Information Ella Coulbourne

How related
to deceased Mother

CAUSES OF DEATH

Primary

Meningoencephalitis

9

How long

10 hours

Immediate

Septicemia

How long

2 hours

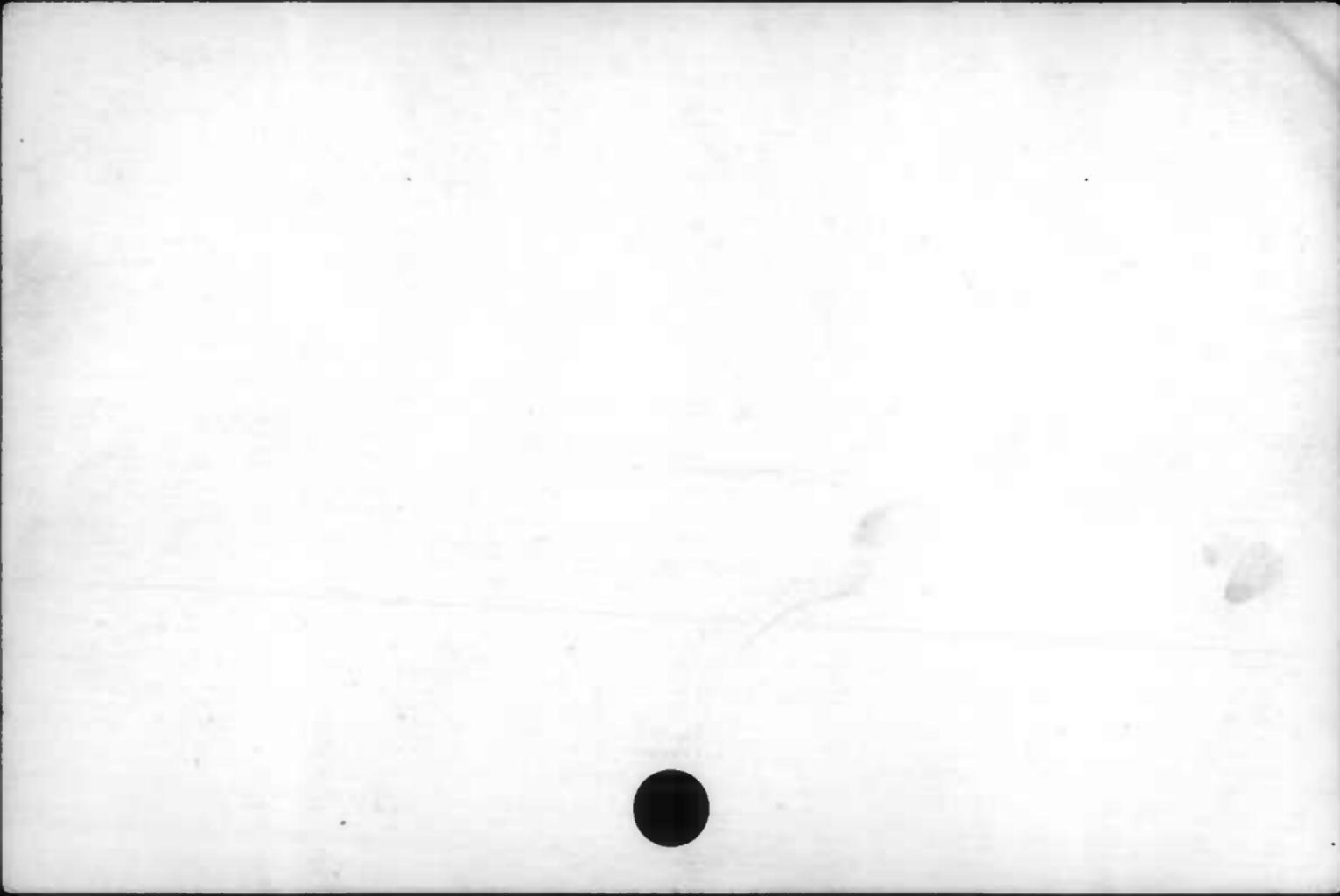
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O. C. Ward

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month March	Day 13	Years 54	Months 2	Days 29
Sex	Fernale	Color or Race	white	Birth- place	Md	
Occupation	Housework					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	James Dougherty			
Father's Name	Wm Birmingham					Father's Birthplace
Mother's Maiden Name	Eliza Hall					Mother's Birthplace
Name of person giving Information	James Dougherty					How related to deceased
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis Hæmoptysis					
Immediate	12 year short					
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. F. Hall		
			Address	Infield		

Accident or Suicide

no

25 zu Lüneburg,

5-6

o r

- 32,6

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jennie Dougherty
Dinsfield

CERTIFICATE OF DEATH

MARYLAND

Died at W. Town County Somerset
Date of death 1960 Month 3 Day 16 Age 56 Months — Days —

Sex Female Color or Race White

Occupation Housewife

Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband Elijah Dougherty

Father's Name John Morgan

Mother's Maiden Name Elizabeth Miller

Name of person giving Information Elijah Dougherty

Birth-place Hancock Md

Father's Birthplace Hancock Md

Mother's Birthplace Don't know

How related to deceased Husband

CAUSES OF DEATH

Primary Pneumonia

93

✓

21 days

Immediate Tetanus

How long

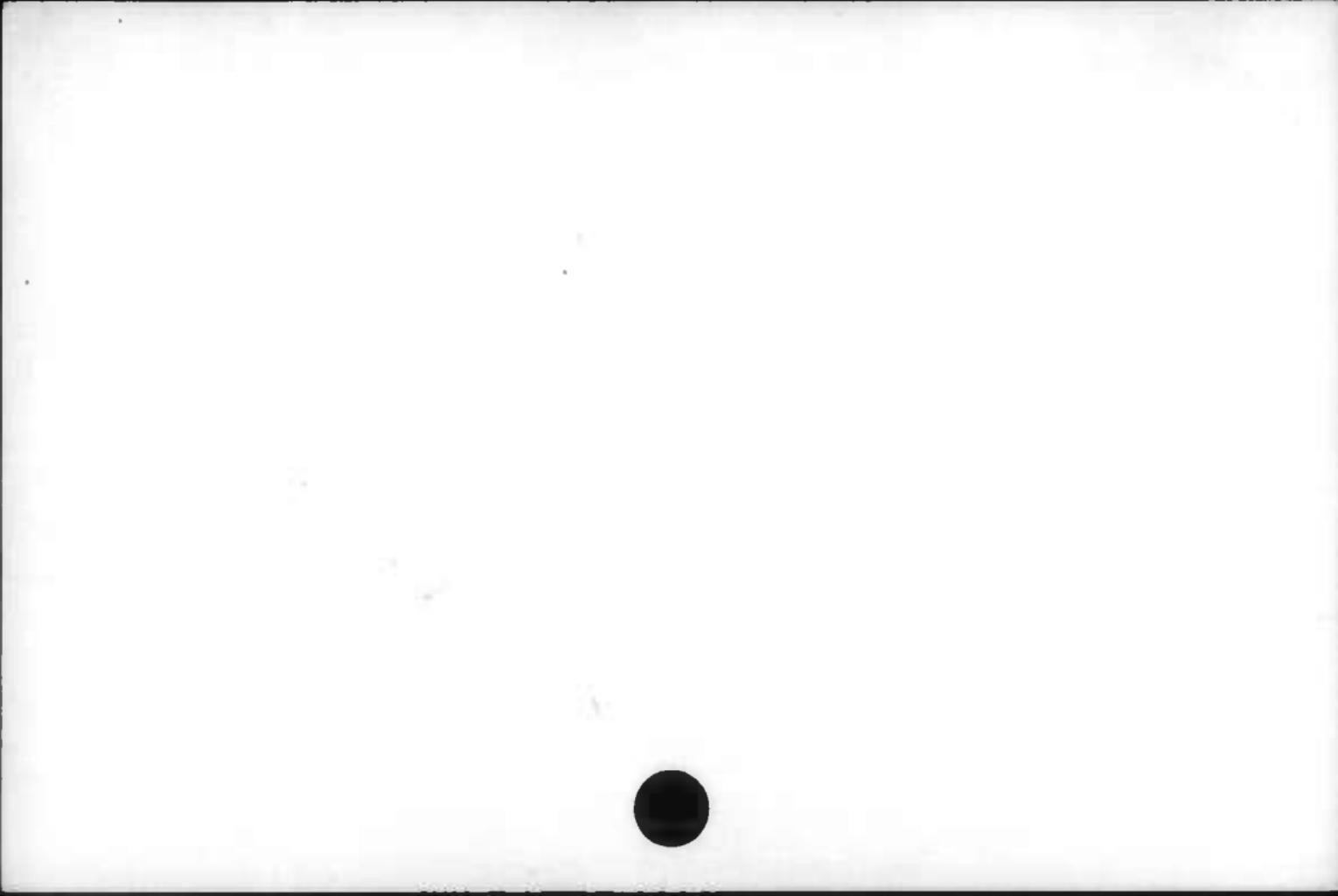
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. F. Hall
Dinsfield

Accident or Suicide —



Name
in
Full

Charles T. Fisher Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at	Princess Anne	Somerset	
Date of death	Month	Day	Years
1980	March	28	Age 61
Sex	Male	Color or Race	White
Occupation	Retail Book Accountant		
Where Residing if not at place of death	✓		
Married, Single or Widowed	Married	Name of Wife or Husband	Hannah Fisher
Father's Name	William Fisher		
Mother's Maiden Name	Priscilla Miller		
Name of person giving Information	C. Fisher Jr.		

CAUSES OF DEATH	
Primary	Peruviois Malaria
Immediate	Cerebral Hemorrhage & Thyston
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	Henry M. Lambford
Address	
Princess Anne	
Md	

PHYSICIAN
OR CORONER



Accident or Suicide

No

④

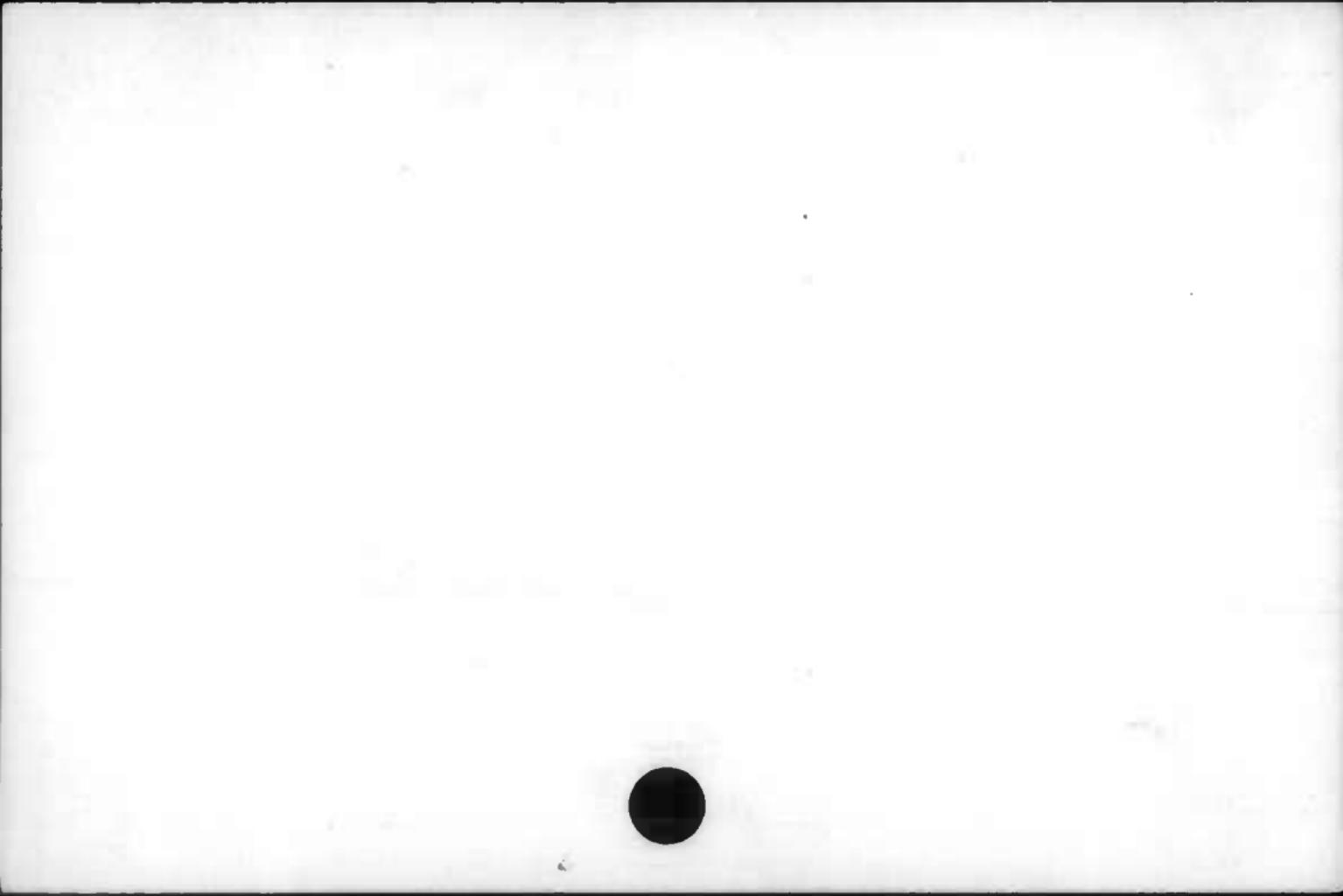
How long

20 weeks

How long

1 week

Md



Name
in
Full

Edna Ethel May Fountaine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Westover	Somerset			
Date of death	1910 March 8	Age	2	Months	9 Days
Sex	Female	Color or Race	Colored	Birth-place	Somerset County
Occupation	Nurse	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	✓		
Father's Name	John S. Fountaine	Father's Birthplace	Somerset Co		
Mother's Maiden Name	Minnie May Ballard	Mother's Birthplace	Somerset Co		
Name of person giving Information	Minnie May Ballard	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

10 days

Immediate

Asphyxia

5 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

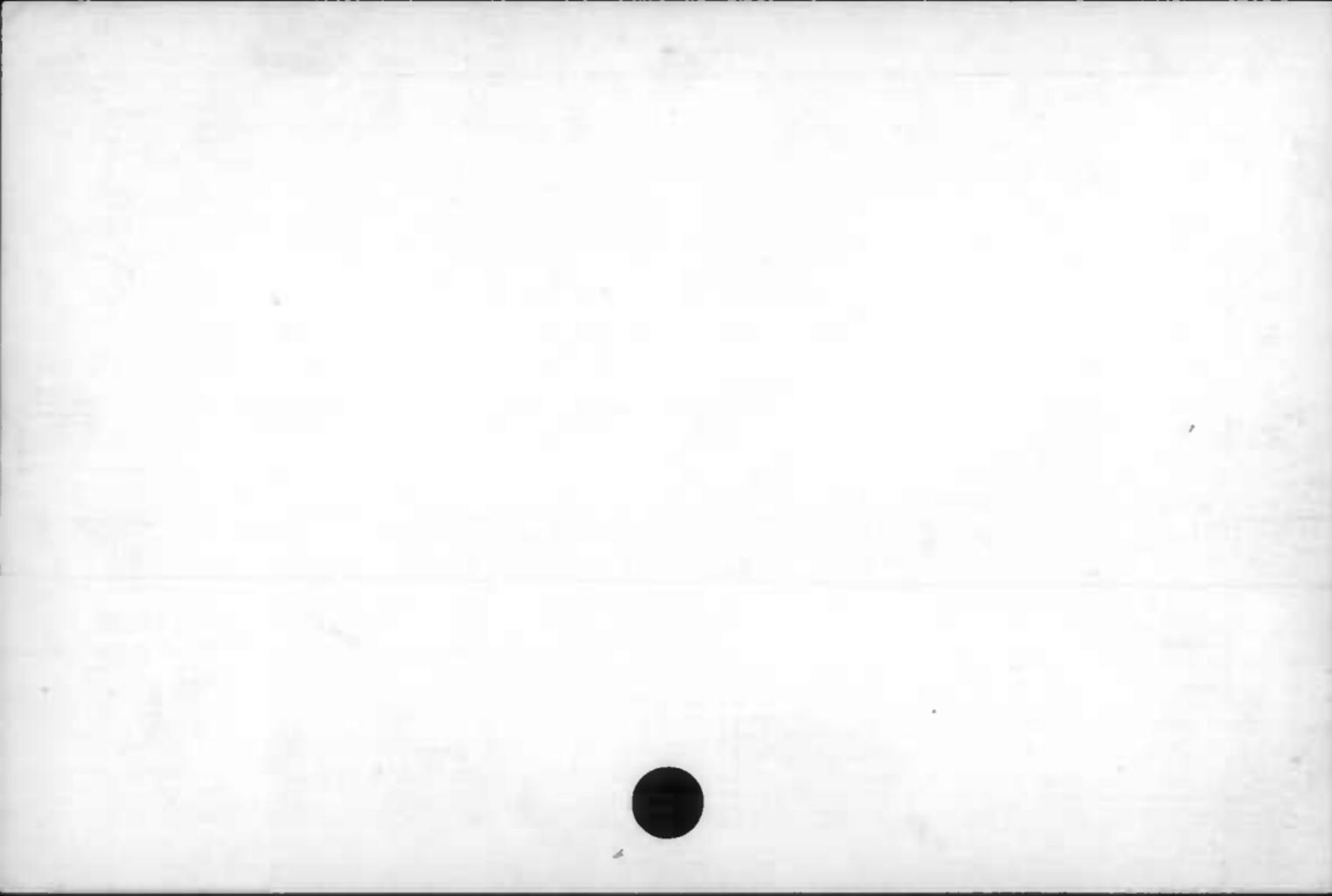
Signature of Physician

Address

Henry M. Lumbford,
Princess Anne,
Maryland.

Accident or Suicide

No



Name
in
Full

Benlah Hargis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Crisfield	Somerset		
Date of death	Month	Years	Months
1900	March	16	2
Age			Days
1			5
Sex	Color or Race	Birth-place	
Female	Black	Crisfield	
Occupation	Where Residing if not at place of death		
Child			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	va
Single	James Hargis	Mother's Birthplace	Crisfield
Father's Name		How related to deceased	
Mother's Maiden Name	Hansfield Bailey		
Name of person giving Information	uncle		

PHYSICIAN
OR CORONER

Primary

Burns of body

CAUSES OF DEATH

161

Immediate

Shock

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Gillman

✓

How long

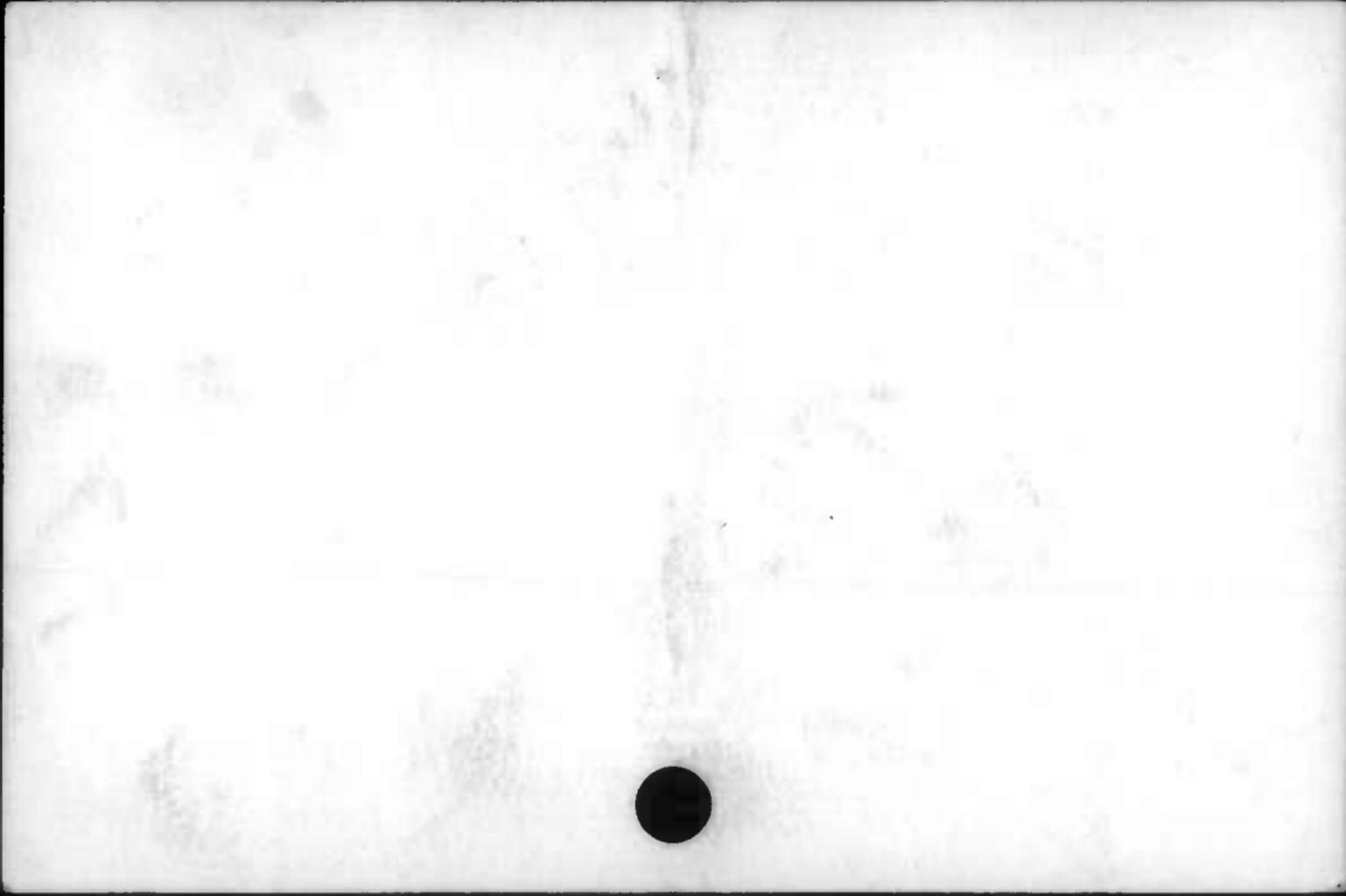
6 hours

How long

4 hours

Accident or Suicide

IT



Name
In
Full

Matilda Anderson Hatch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mount Vernon.			
Father's Name	William Hatch,			Somerset Co.	
Mother's Maiden Name	Beay Anderson.			Somerset Co.	
Name of person giving information	Beay Anderson.			Mother.	
CAUSES OF DEATH					
Primary	Pneumonia			Two weeks	
Immediate	Exhaustion			Two hours	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	
				Address	
Accident or Suicide?		No		I	

93

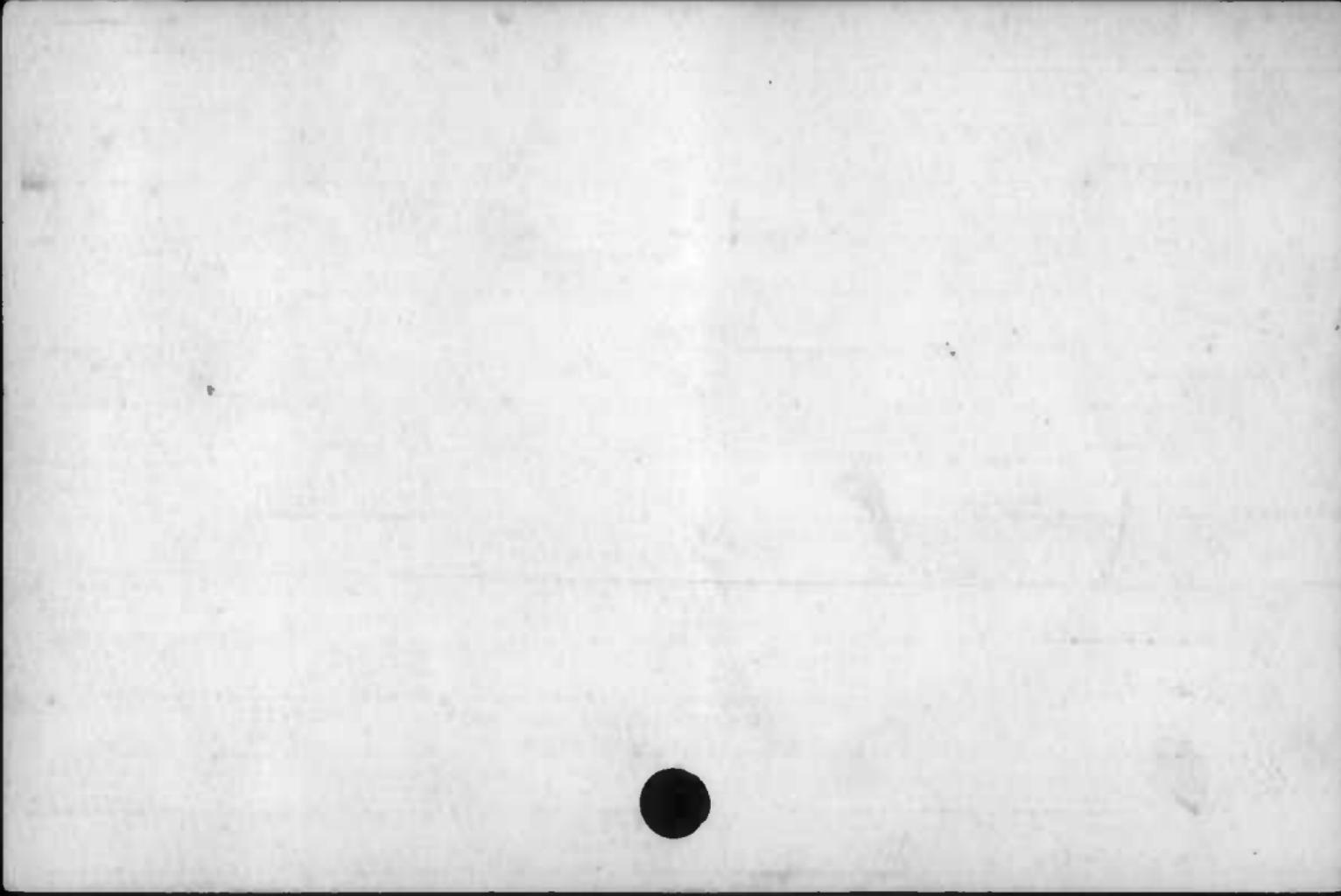
How long

How long

Two weeks

Two hours

Katherine D. Lankford
Princess Anne, Md.



Name
in
Full

Stansbury Stockbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1910	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Bek	Birth-place	Md	
Occupation	Farmer			Where Residing if not at place of death	Same	
Married, Separated or Widowed	Name of Wife or Husband		Sallie Stockbrook			
Father's Name	Stephen Stockbrook		Father's Birthplace	Md		
Mother's Maiden Name	Hewittte Stockbrook		Mother's Birthplace	Md		
Name of person giving information	Allan Stockbrook		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Breueria*

93

v

works

Immediate *Asthma*

How long

sev

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

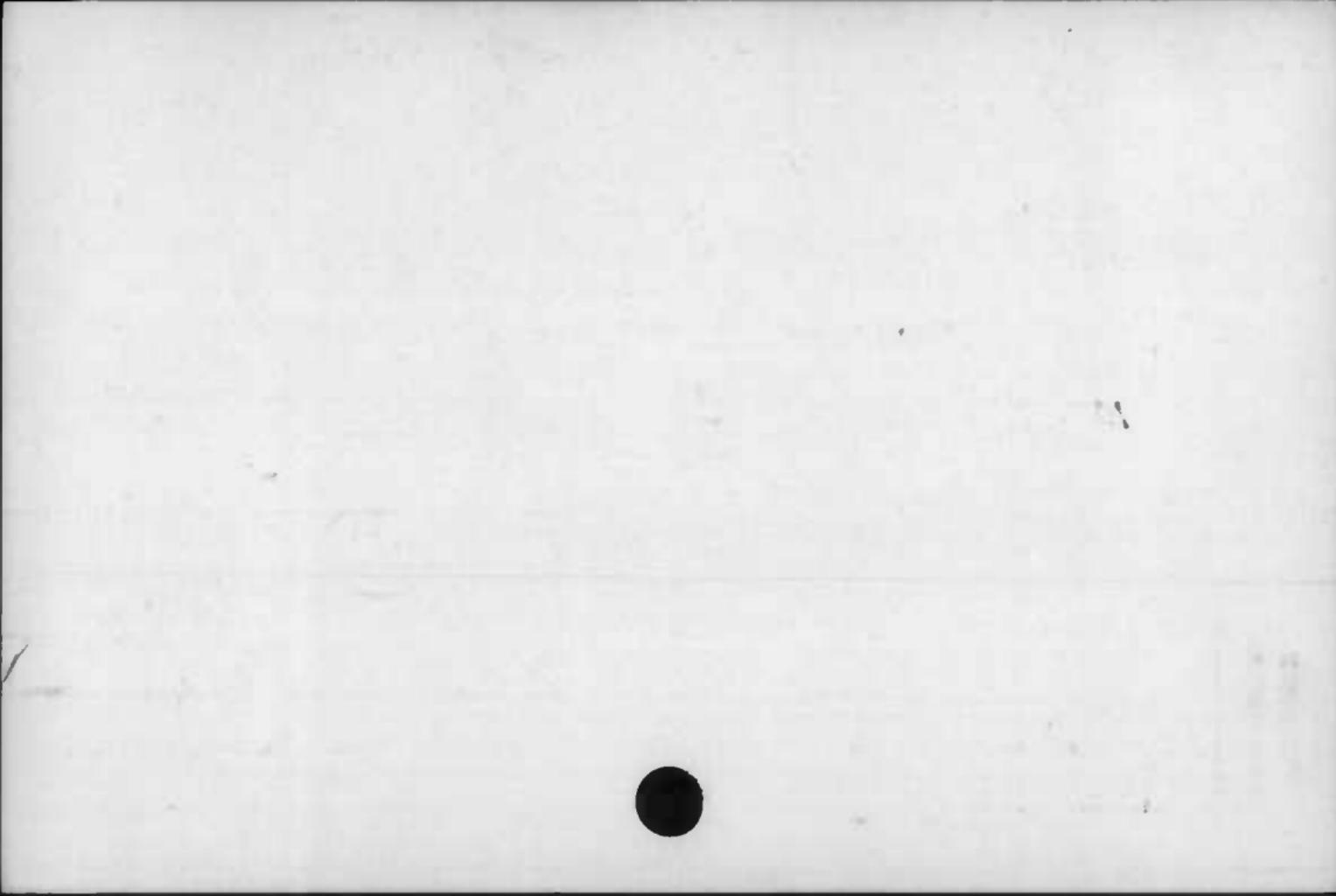
Address

Bl. St. J.
Arnold



Accident or Suicide?

No



Name
in
Full

Louisa Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Month
1900	Mar.	30	4
Day	Age	Days	16
24	30		
Sex	Color or Race	Where Residing if not at place of death	
Female	Bloot	Jos. T. Johnson	
Occupation		Father's Birthplace	Somerset
Hauswork		Mother's Birthplace	Somerset
Married, Single or Widowed	Name of Wife or Husband	How related to deceased	Somerset
Married	Jos. T. Johnson	Susband	
Father's Name	Edward Melbourne		
Mother's Maiden Name	Nancy Woods		
Name of person giving Information	Jos. T. Johnson		

228

CAUSES OF DEATH

Primary

Dysdigestion

How long

Buts

Immediate

acute ^{Styptic} dysdigestion

How long

103

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

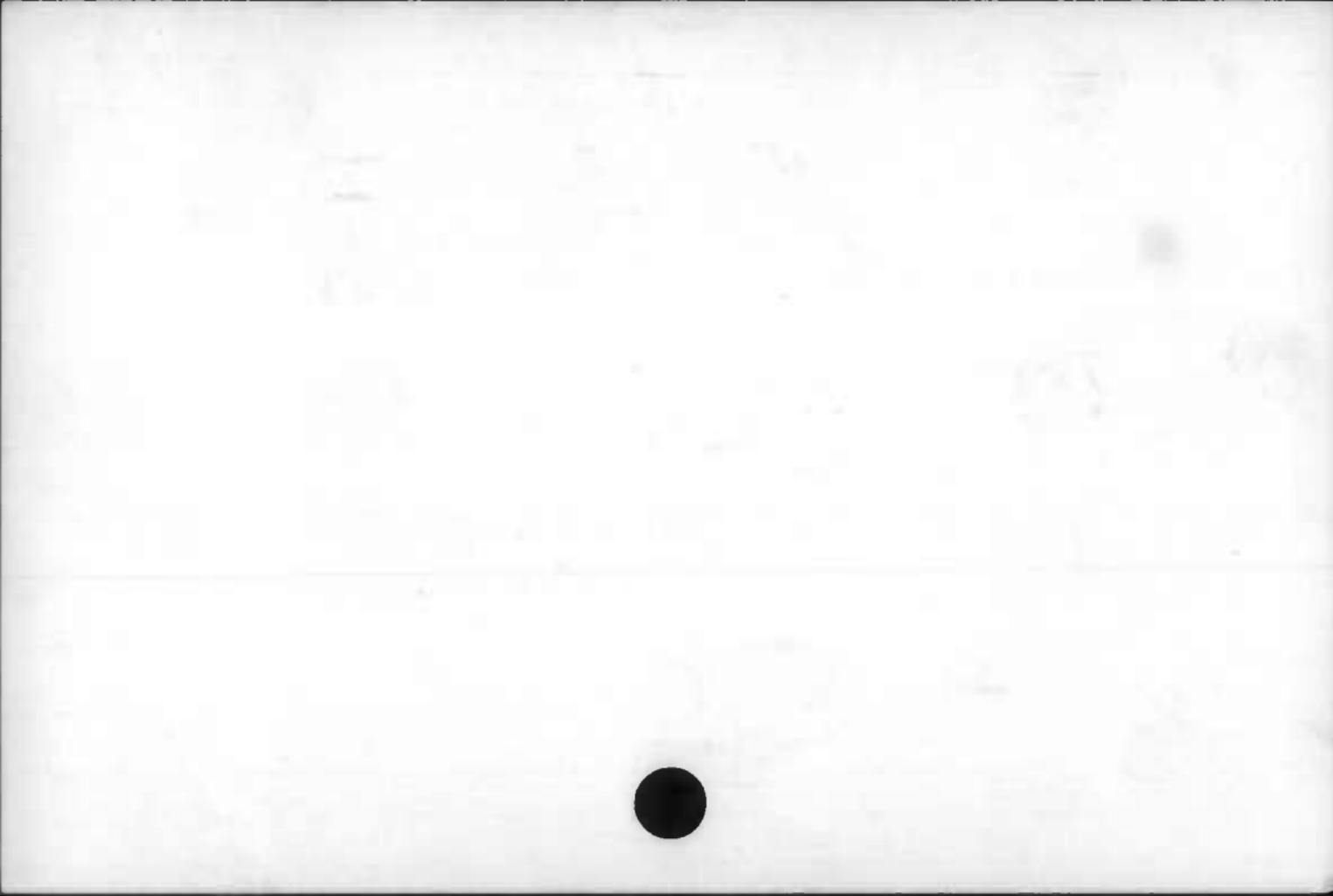
Dr. J. G. Green

Mariion,
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

J



Name
in
Full

Georgia A Jones
Munova

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age		Birthplace			
Occupation	Where Residing if not at place of death			"			
Married, Single Widowed	Name of Wife or Husband	—			—		
Father's Name	Wm Jones			Father's Birthplace	Munova		
Mother's Maiden Name	Engina Ballard			Mother's Birthplace	" "		
Name of person giving information	Fannie White			How related to deceased	Aunt -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

3 mos

Immediate

Asthma

How long

1 mos

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. Schwartz
Dr. Schwartz

Address

Accident or Suicide?

Name
in
Full

Leah James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Our Precious Home</u> Town			County <u>Somerset</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>3</u>	Day <u>21</u>	Age <u>60-</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Blacks</u>			Birth-place <u>Ind.</u>		
Occupation <u>House work</u>			Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband					
Father's Name <u>Hamilton James</u>				Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Amelia Home</u>				Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Agerish Home</u>				How related to deceased	<u>Son in law</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart-failin

189

✓

How long

How long

few hours

Immediate

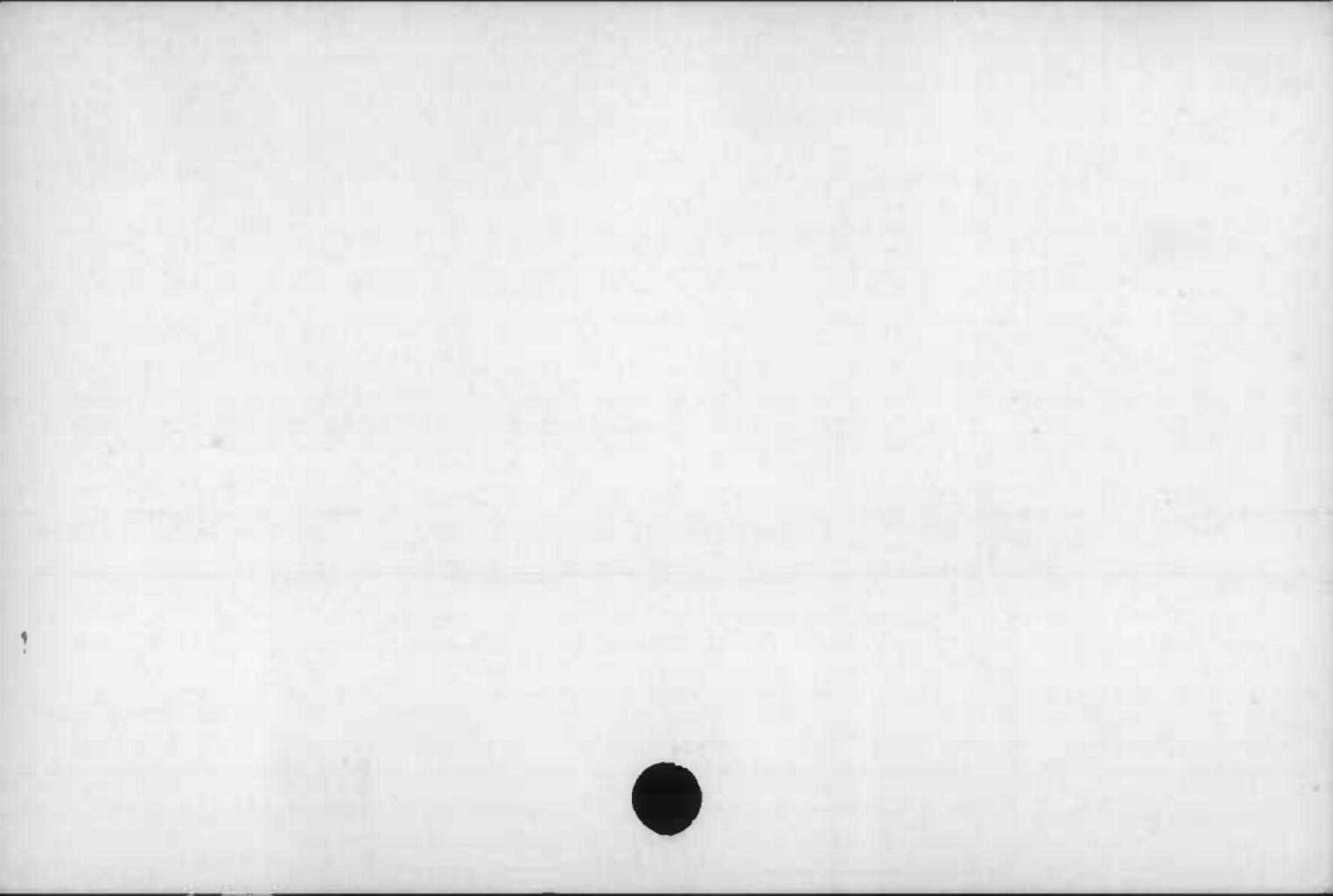
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Smith (not in actual book)
Dr. Dunn M.D.

Accident or Suicide?



Name
in
Full

Louis Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Haburk</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>Mar</u>	Day <u>15</u>	Years <u>49</u>	Months <u>1</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Blk</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jessie Jones</u>	Father's Birthplace <u>Ind</u>			
Father's Name <u>Geo Jones</u>	Mother's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Hannah</u>	Name of person giving Information <u>Fred Jones</u>				
How related to deceased <u>son</u>					

CAUSES OF DEATH

Primary

internal hemorrhage

Immediate

anemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

64

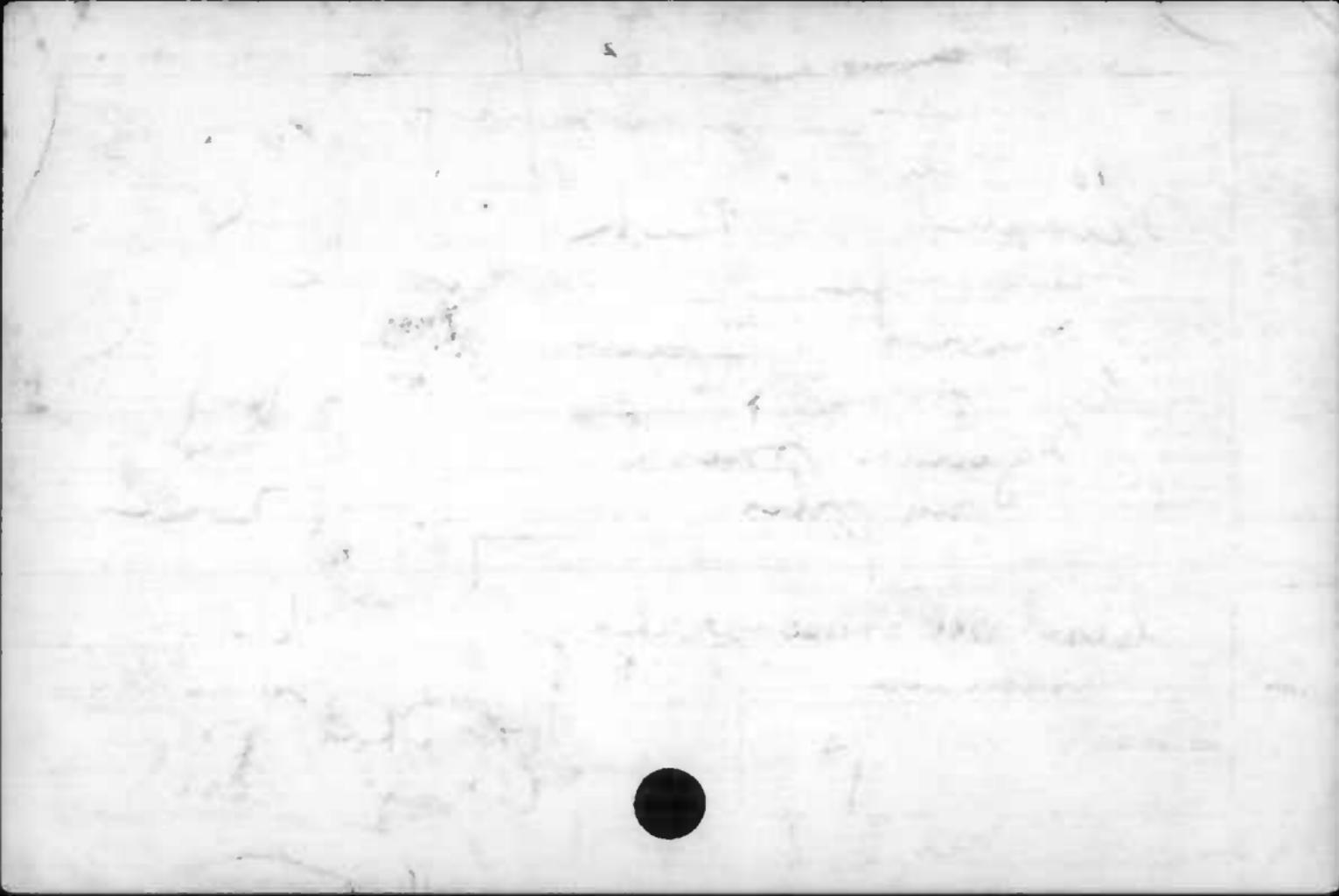
6

How long

1 day

Accident or Suicide

no



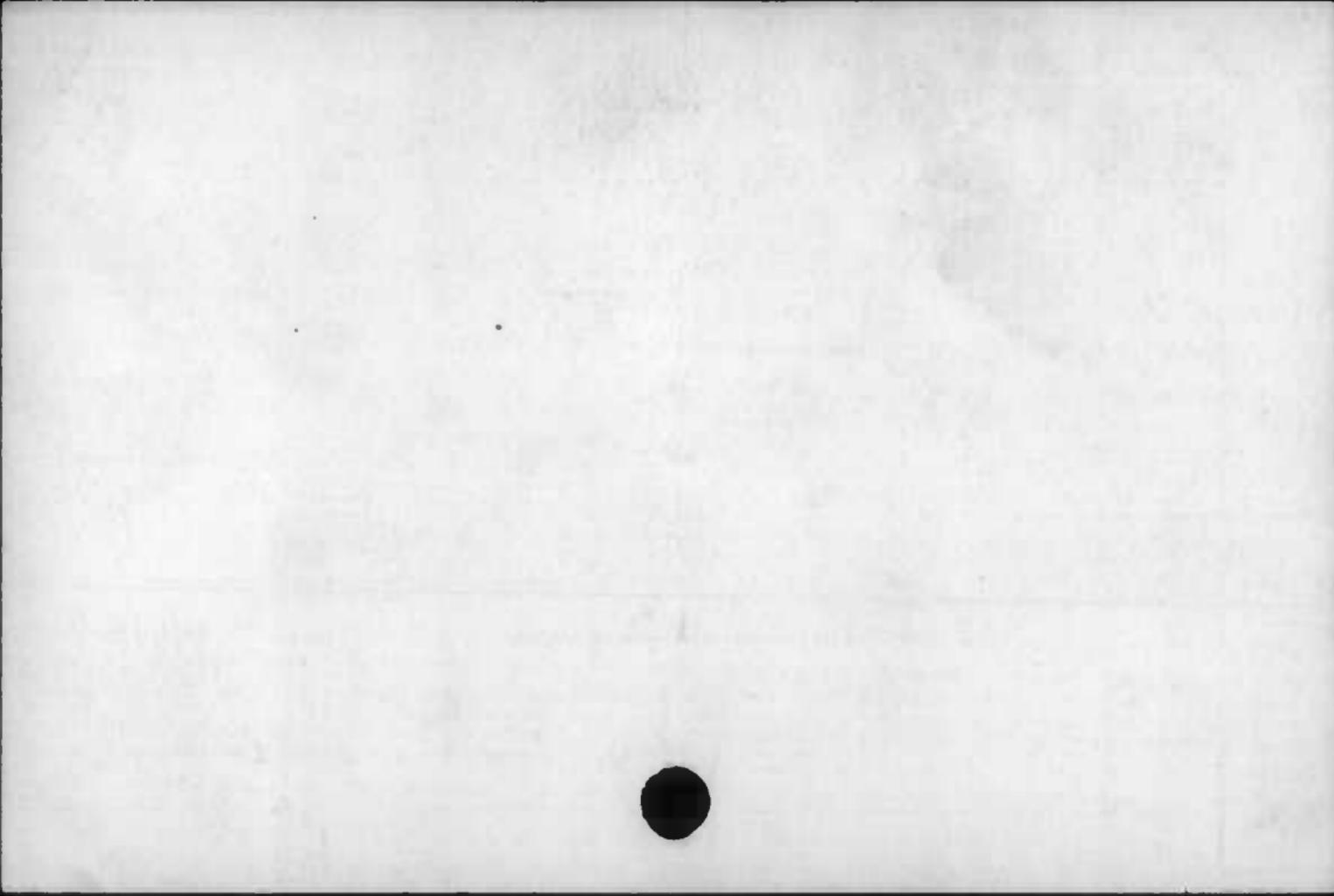
Name
in
Full

Melvin Jones.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex		Color or Race	Age		Birth-place	
Occupation			Where Residing if not at place of death			-
Married, Single or Widowed		Name of Wife or Husband	-			
Father's Name		John Jones			Father's Birthplace Son. Co.	
Mother's Maiden Name		Kessie Culver			Mother's Birthplace Son. Co.	
Name of person giving information		Bessie Jones			How related to deceased Niece	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Nephritis			How long year	
	Immediate	Asthma			How long ~	
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	S. J. Windwright	
				Address	Dobie's Flat, Md.	
Accident or Suicide?			no.		Dobie's Flat, Md.	



Name
in
Full

Marguerite E. Justice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Crisfield

Town

County

MARYLAND

Month

Month

Day

Years

Months

Days

Date

of death

1980 Meh

Age

40

Sex

Female

Color or
Race

White

Birth-
place

Crisfield

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edward Justice

Father's
Birthplace

Mother's
Maiden Name

Nelcie Maddox

Mother's
Birthplace

Name of person giving
Information

Nelcie Justice

How related
to deceased

Primary

CAUSES OF DEATH

Bronchitis

(89)

✓

Immediate

Cerebral Meningitis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

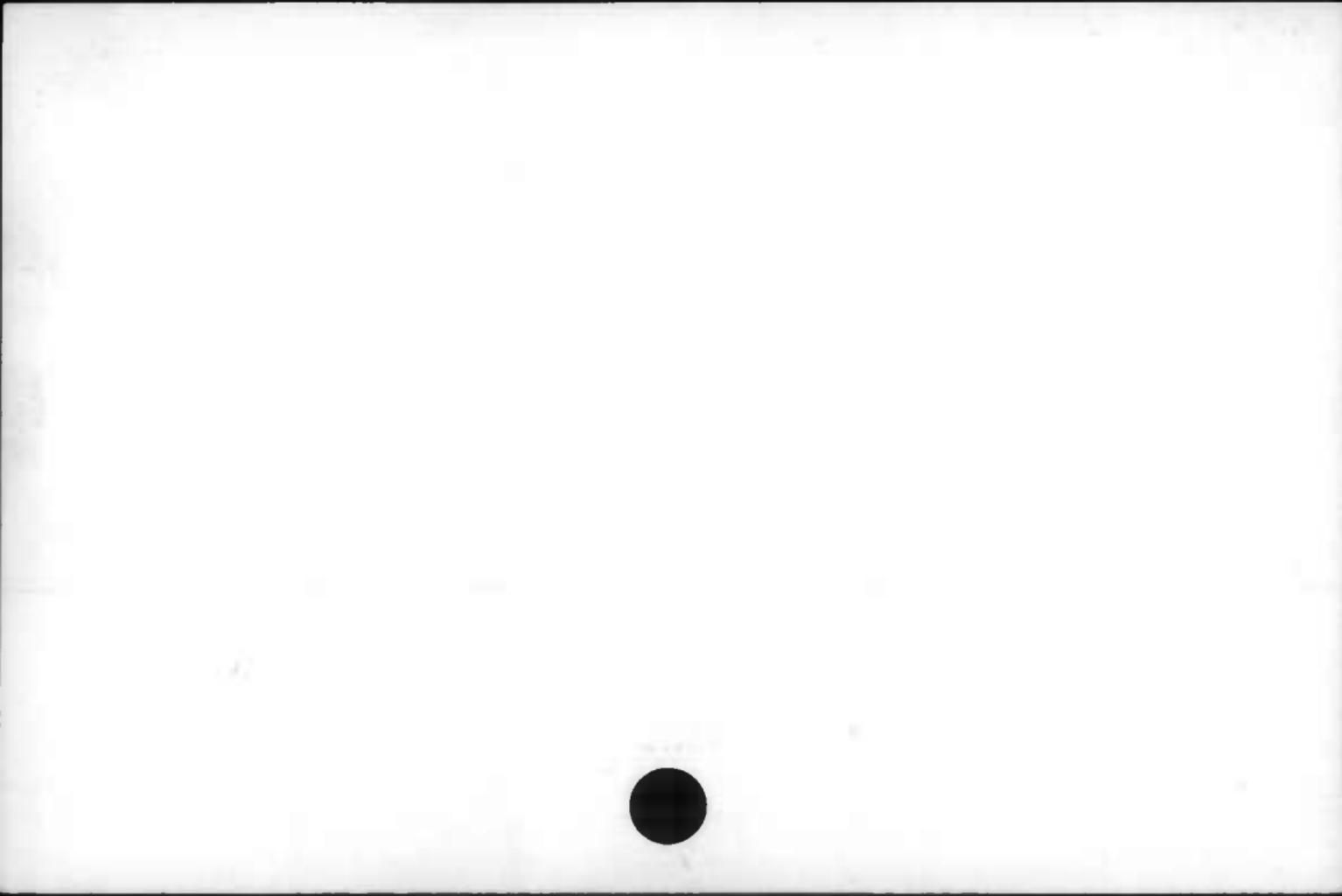
Signature of
Physician

Address

68 Calhoun
Crisfield

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Augusta J. Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Lawsonia	Somerset	
Date of death	Month	Day	Months
1900	3	17	—
Age	Years	Days	
Sex	Color or Race	Birth- place	
Female	White	Lawsonia Md	
Occupation	Where Residing if not at place of death	—	—
Housewife	—	—	—
Married, Single or Widowed	Married	Name of Wife or Husband	Penard S. Nelson
Father's Name	M. Luther	Nelson	Lawsonia
Mother's Maiden Name	Mary A. Jones	—	Pocomoke City
Name of person giving Information	May A. Jones	—	Mother

CAUSES OF DEATH

Primary

Pregnancy 7 mos

54

✓

How long

Immediate

Pernicious Anæmia 3 mos

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

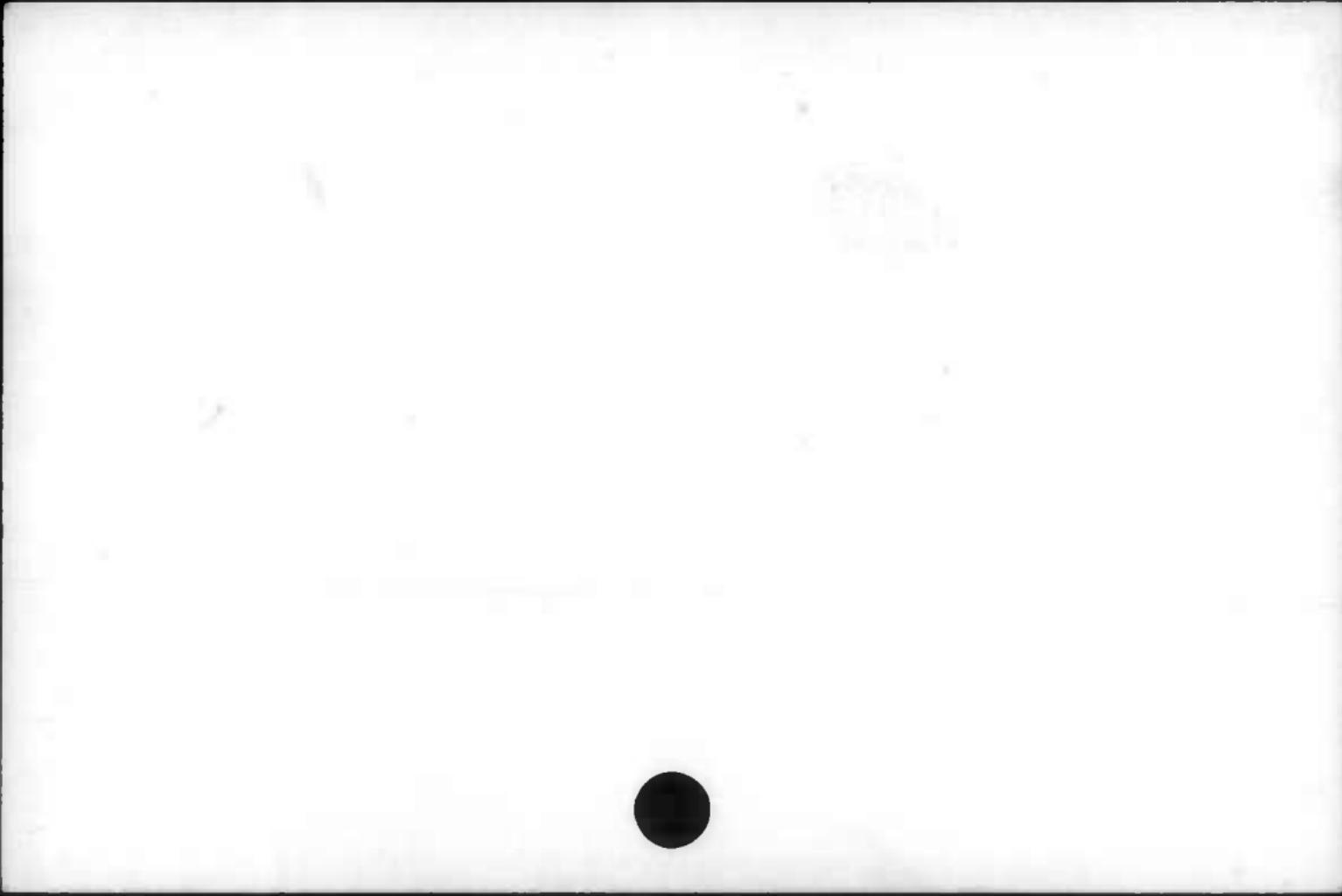
J. F. Haefl
Drifield

PHYSICIAN
OR CORONER

X

Accident or Suicide

m



Name
in
Full

Sarah Eileen Moddox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1940	Month March	Day 15	Age 24	Years	Months	Days
Sex	Female		Color or Race	Caucasian		Birth-place	Bowiefield Md
Occupation	Nurse		Where Residing if not at place of death			Westover Md	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Moddox		Father's Birthplace			Somerset Co	
Mother's Maiden Name	Mary Ballou		Mother's Birthplace			Somerset Co	
Name of person giving information	Joshua Moddox		How related to deceased			Uncle	

CAUSES OF DEATH

Primary

Tuberculosis

~~27~~ 28

1 year

Immediate

Asphyxia

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

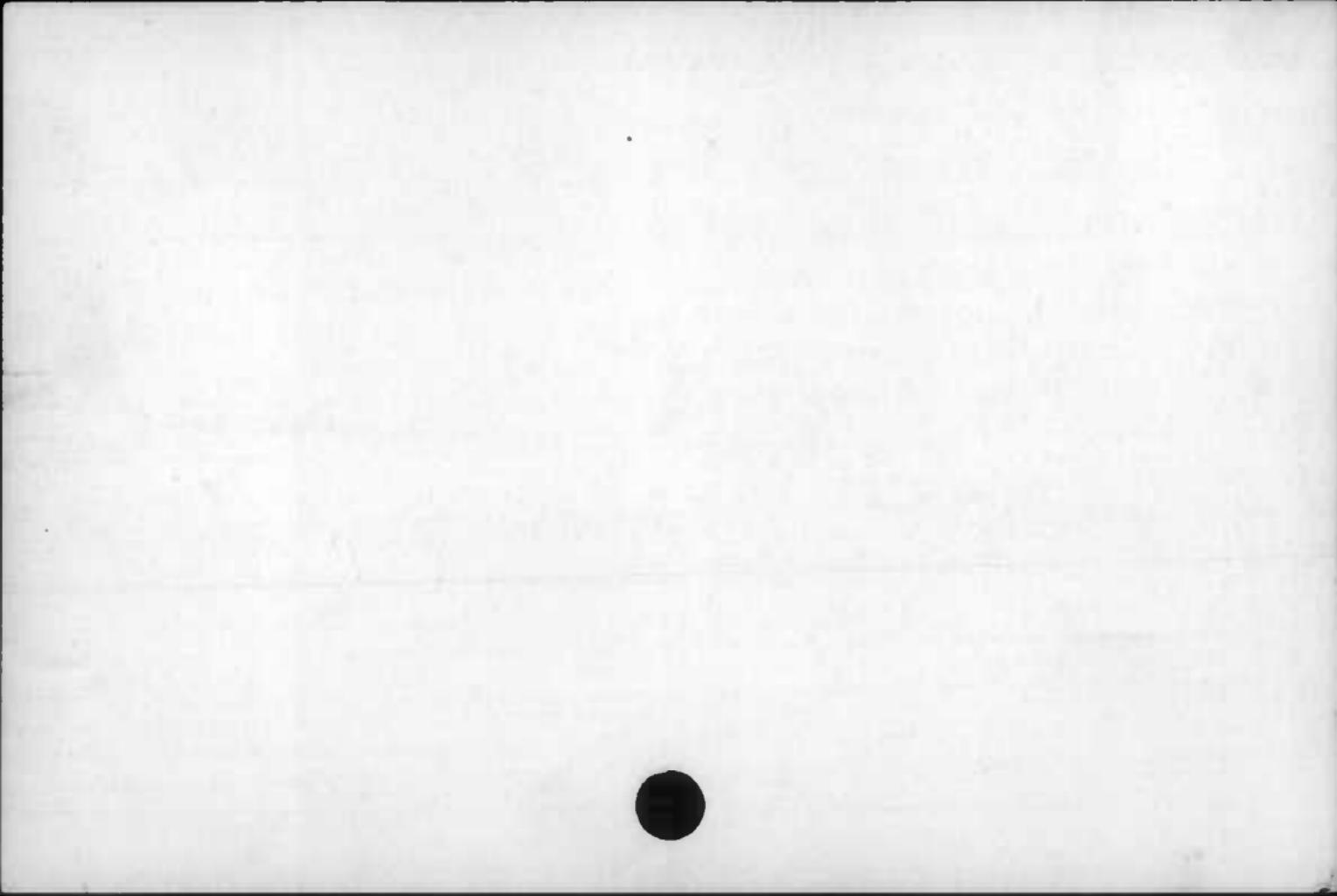
Yes

Signature of Physician

Address

Chas. W. Wainwright
Piney Woods
Piney Woods
Md.

Accident or Suicide?



Name
in
Full

Sally Anne Marsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 19	Month	Age	Months	Deys
60	March	5	—	—
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	George R. Marsh Sr.	
Father's Name	John Wm. Luttrell	Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Jones	Mother's Birthplace	Maryland	
Name of person giving Information	R. B. Cullen	How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Aortic Insufficiency & Cerebral Ulcer

Immediate
Asthma

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Henry M. Luford
Princess Anne
Md

H

Accident or Suicide

No.

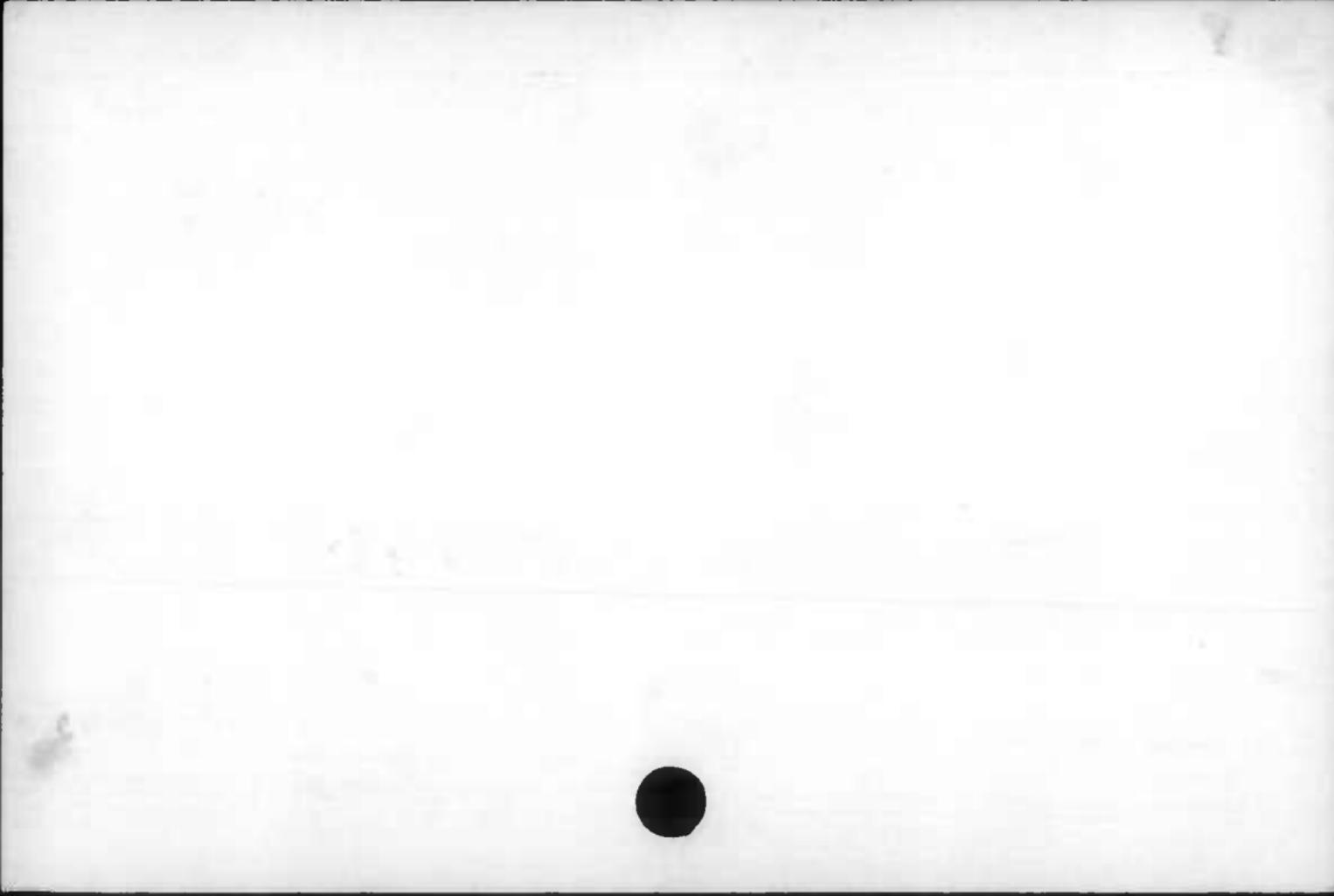
42

How long

10 months

How long

48 hours



Name
in
Full

Maggie B. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died et

Town

County

Wesfield Somerset

Date of death

Month

Day

Years

Montha

Daya

19

March

13

39

Age

of death

Sex

Female

Color or
Race

White

Birth-
place

Va

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Married Name of Wife or
Husband

George L. Nelson

Wesley Hoffinan

Angie C. Scott

G. J. Simouson

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Va

Va

Va

None

CAUSES OF DEATH

28

How long

How long

Primary

Tuberculosis of lungs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

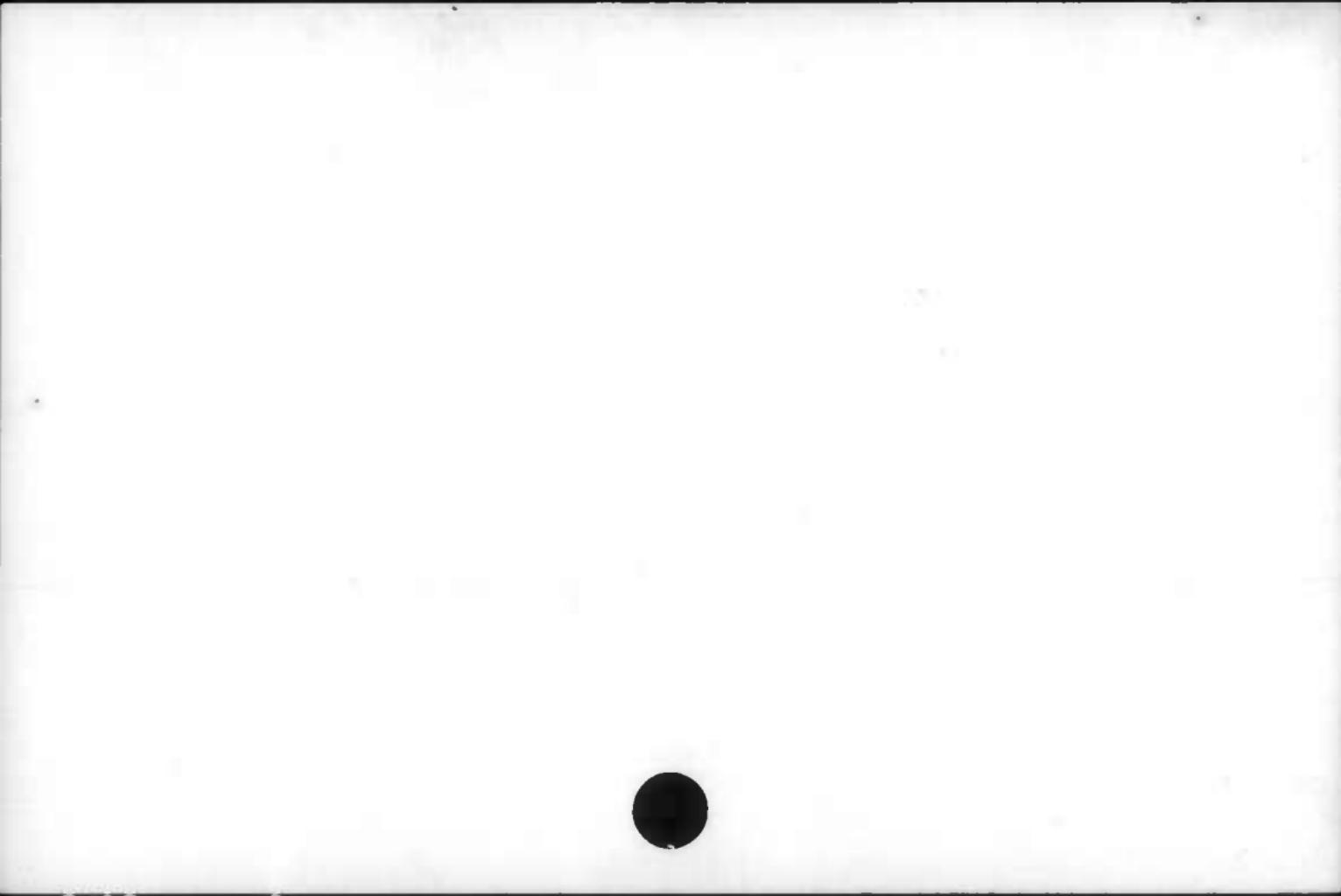
Address

G. J. Simouson
Wesfield Md

PHYSICIAN
OR CORONER

H

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Albert Parker

Town Wenona County Summerville MARYLAND

Died at

Month

Day

County

Date

of death 1900

3

5

Years

Age

17

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Wenona

Occupation

Sailor

Where Residing if not
at place of death

Dedlo Island, Md.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John S. Parker

Father's
Birthplace

Wet

Mother's
Maiden Name

Mary Abbott

Mother's
Birthplace

Brayland

Name of person giving
Information

Frank Parker

How related
to deceased

brother

CAUSES OF DEATH

Primary

Broncho-Pneumonia
Asthma

91
How long

2 weeks

Immediate

Signature of
Physician

How long

4 days

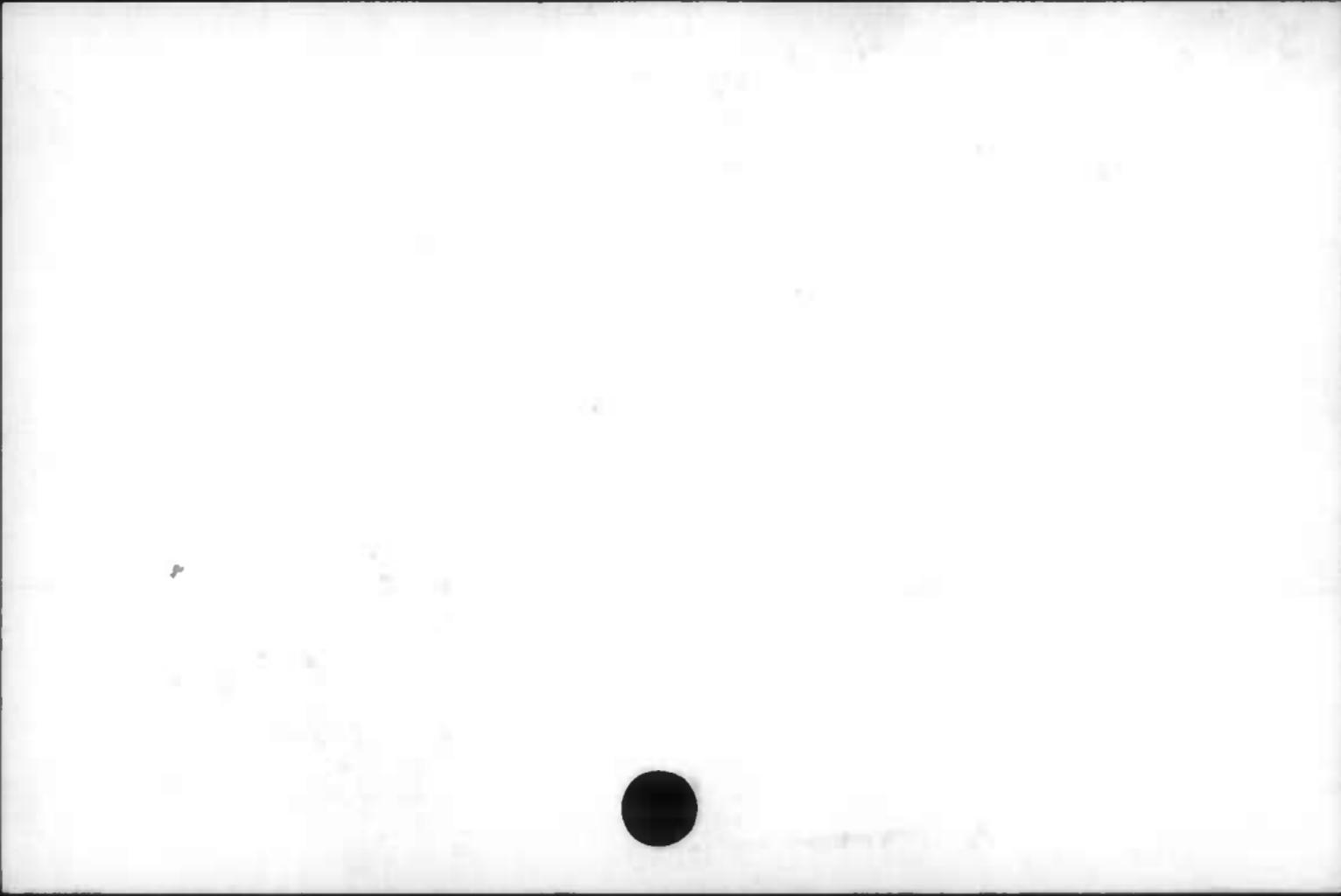
Are the name, age, sex, color, date
and place correctly given above?

Address

Yes.
No

149 Alexander
Dale Island
Md.

Accident or Suicide



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

John Parker

Town

Died at Winona

County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1900	Month 3	Day 26	Years 65	Months —	Days —
Sex Male	Color or Race Colored	Birth-place Virginia			

Occupation Oyster Shucker	Where Residing if not at place of death
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Married, Single or Widowed Widower	Name of Wife or Husband Mary Parker
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Father's Name Unknown	Father's Birthplace Virginia
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Mother's Maiden Name Unknown	Mother's Birthplace " "
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Name of person giving information Frank Parker	How related to deceased Son
--	-----------------------------

CAUSES OF DEATH

Primary Strangulation Pneumonia (to Suffocation)	How long one week
Immediate Asphyxia	How long 48 hrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. G. Alexander
Somerset Co.

Accident or Suicide?

With



Name
in
Full

John Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town - County
Westover - Somerset - MARYLAND

Died at Month Year Months Days
Date of death 1900 - March 12th Age 75. - -

Sex Male Color or Race Colored - Birth-place Md -

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Hester Robinson

Father's Name Levi Robinson Father's Birthplace Md.

Mother's Maiden Name Leah Gale Mother's Birthplace Md.

Name of person giving Information Geo. Robinson How related to deceased Son.

CAUSES OF DEATH

Primary

Senility & Senile Dementia

154

✓

Immediate

Exhaustion

How long

6 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Address

W. Henry Fisher
Providence Avenue

Md -

11

*Accident or Suicide

no

Name
in
Full

Nellie R. Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Asbury County Somerset
Died at Asbury State MARYLAND
Date Month Day Years Months Days
of death 1908 March 21 16 6 7
Sex Female Color or Race white
Occupation None Birthplace Md
Where Residing if not at place of death
Married, Single or Widowed — Name of Wife or Husband
Father's Name C. C. Sterling
Mother's Maiden Name Dehlia F.
Name of person giving Information C. C. Sterling
Father's Birthplace Md
Mother's Birthplace Md.
How related to deceased Father

CAUSES OF DEATH

Primary

Paralysis

66

How long

12 years

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

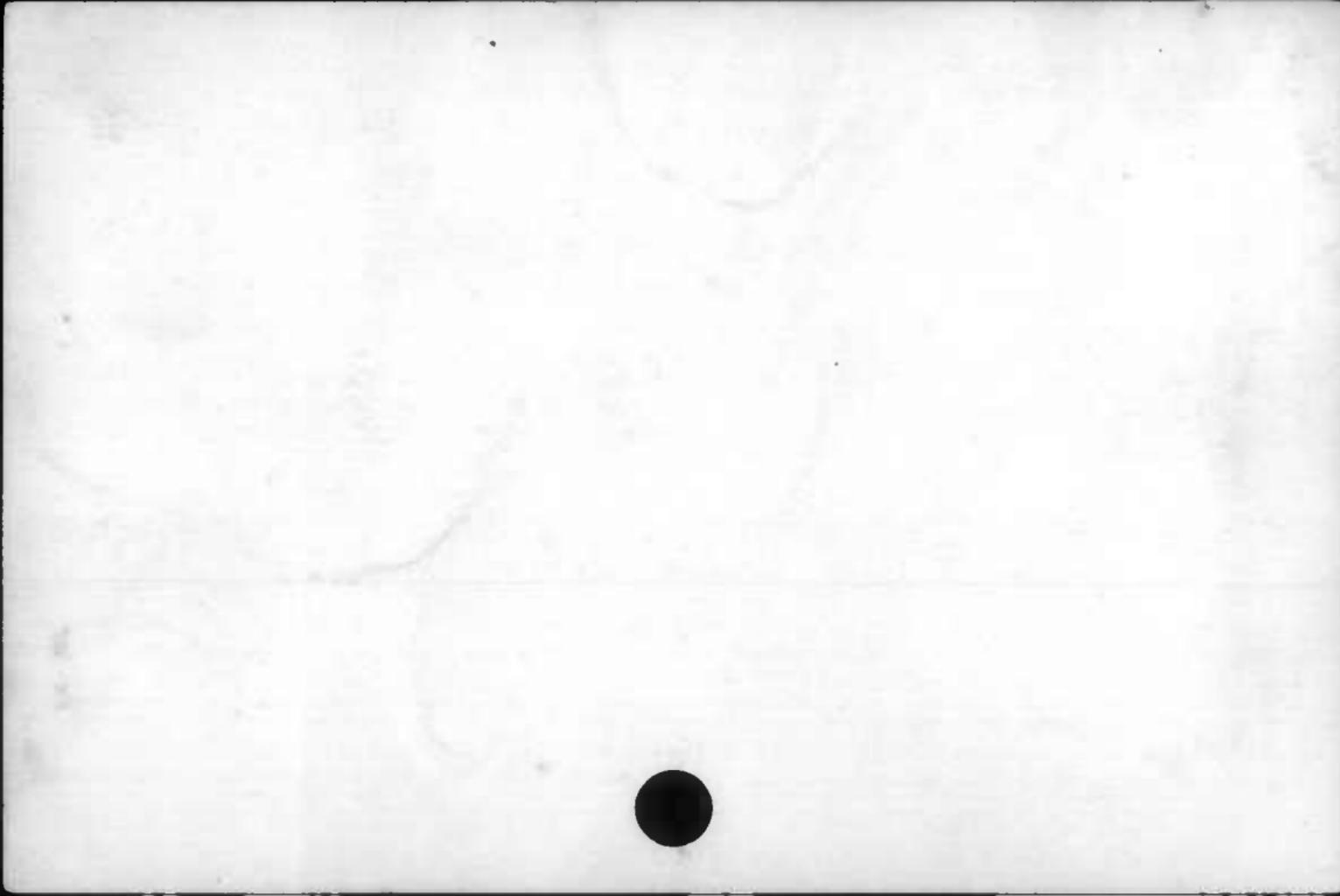
Signature of Physician

Address

G. T. Simonsen
Linsfield
Md



Accident or Suicide



Name
in
Full

Wm M. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crisfield Town Crisfield County Somerset
Date of death 1900 Month Mar Day 28 Years 18 Months - Days -
Sex Male Color or Race - Birth-place -
Occupation Waterman

Married, Single or Widowed single Name of Wife or Husband

Father's Name Wm M. Taylor

Mother's Maiden Name Maggie S. Bradick

Name of person giving Information Carson Taylor

Father's Birthplace Wu

Mother's Birthplace Va

How related to deceased Bro

169
How long

How long

PHYSICIAN
OR CORONER

Primary

showing

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

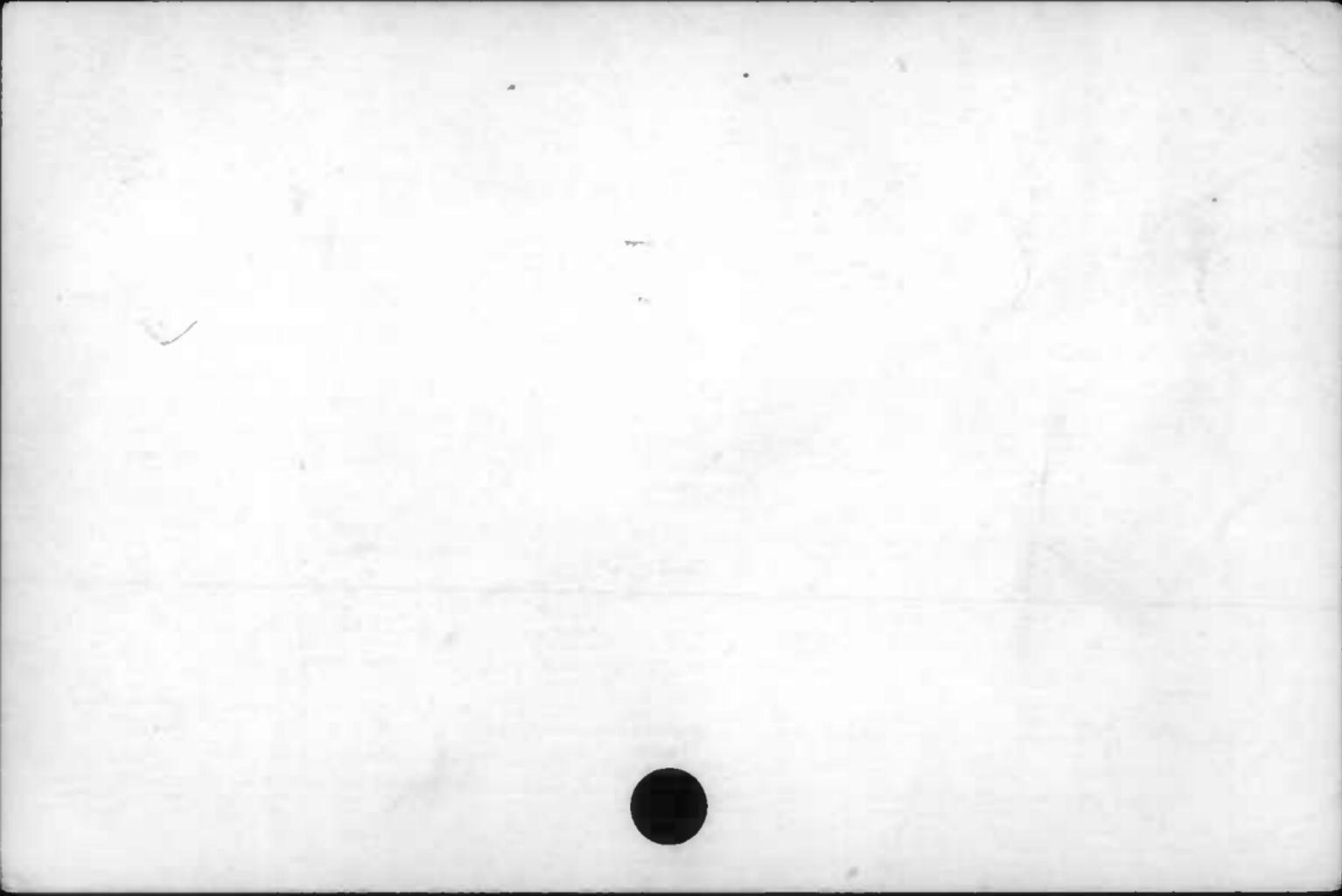
Signature of Physician

Address

G. T. Simonson
Crisfield
Md

H

Accident or Suicide



Name
in
Full

Hester Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Lawsonia

County

Somerset.

MARYLAND

Date
of death

Month

Day

1900 3. 26

Years

6 1/2

Months

Days

Sex
Occupation

Female

Color or
Race

White

Birth-
place

Lawsonia MD

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

George H. Tyler

Father's
Birthplace

—

Lawsonia

Father's
Name

William Byrd

Mother's
Birthplace

Lawsonia

Mother's
Maiden Name

Mary Tyler

How related
to deceased

Relative

Name of person giving
Information

George H. Tyler

103

✓

6 mos.

How long

Primary

CAUSES OF DEATH

Chronic Gastritis
Exhaustion

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

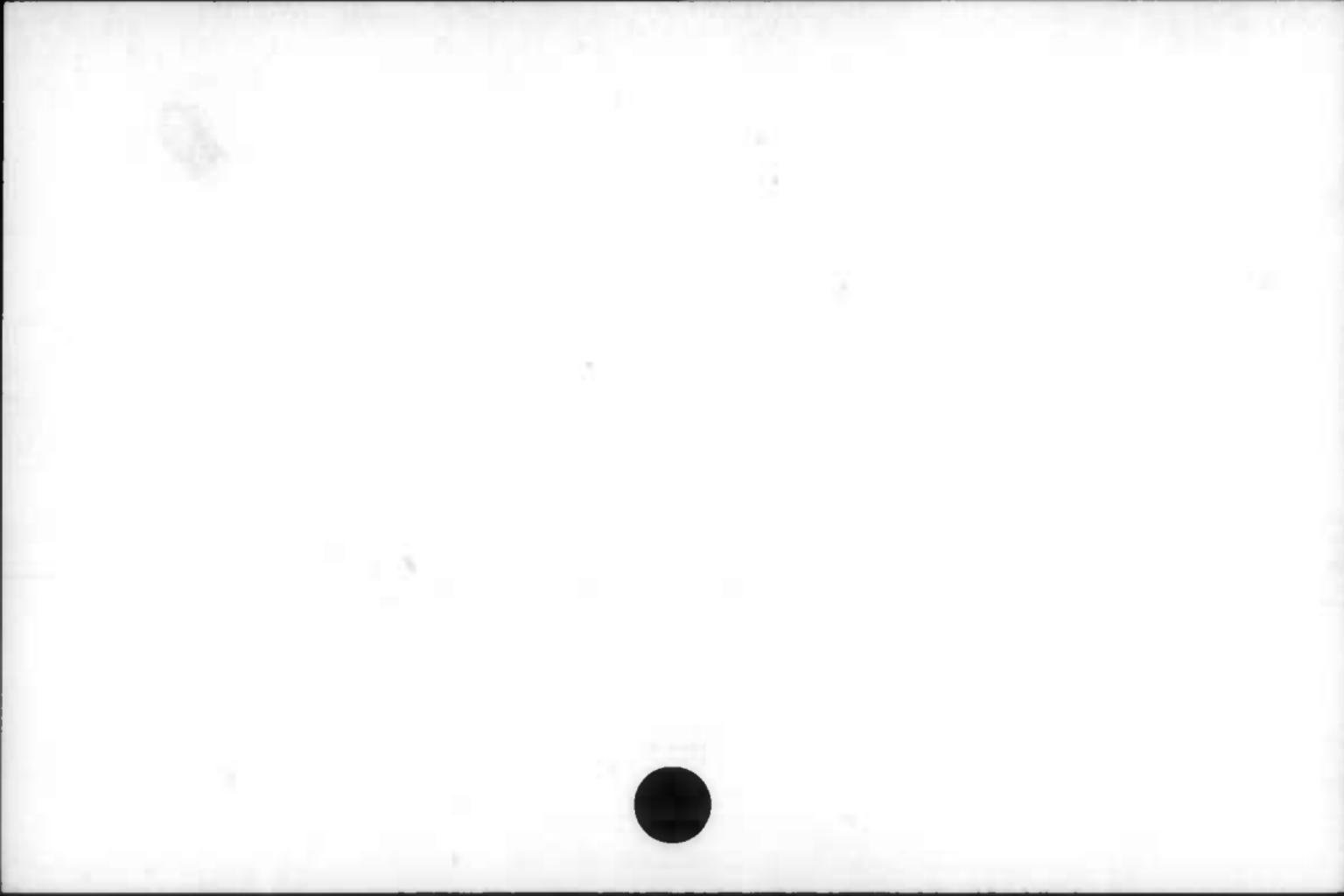
H. S. Stael
Everfield

PHYSICIAN
OR CORONER

H

Accident or Suicide

No.



Name
in
Full

Charles D Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Creale</u>		Town <u>Creale</u> County <u>Somerset</u>		MARYLAND		
Date of death <u>1910</u>	Month <u>March</u>	Day <u>16</u>	Age <u>7</u>	Years <u>7</u>	Months <u>11</u>	Days <u>20</u>
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>MD</u>		
Occupation <u> </u>		Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>					
Father's Name <u>George Wallace</u>			Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Cather Giles</u>			Mother's Birthplace <u>MD</u>			
Name of person giving Information <u>Clarke Wallace</u>			How related to deceased <u>Brother</u>			

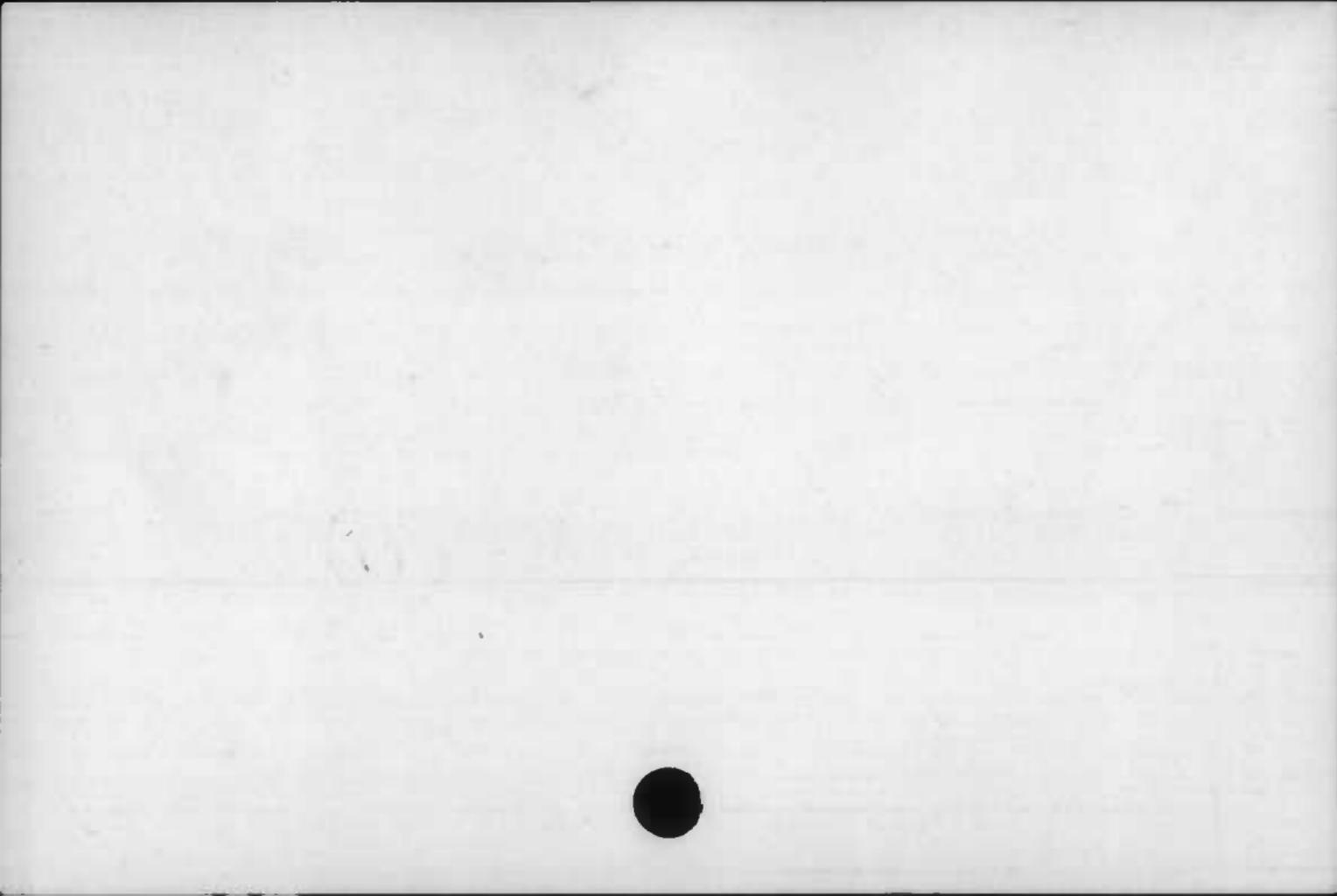
CAUSES OF DEATH

61

Primary <u>Cerebro-spinal meningitis</u>	How long <u>4 weeks</u>
Immediate <u>Asthma</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ralph C Stoyt</u>
	Address <u>Creale</u>
Accident or Suicide? <u>no</u>	

PHYSICIAN
OR CORONER

I



Name
in
Full

Ella Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Alma House

Town

County

MARYLAND

Date
of death

1960

Month

3

Day

3

Years

60-

Months

✓

Days

✓

Sex

Female

Color or
Race

Black

Birth-
place

MD

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

Singl

Name of Wife or
Husband

✓

Father's
Name

Wm. R. Knud

Father's
Birthplace

Mother's
Maiden Name

"

"

Mother's
Birthplace

Name of person giving
Information

Ter Bombo (Super)

How related
to deceased

Not relative

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Wobbey
Asthma

187

How long

10 days

Immediate

yes

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

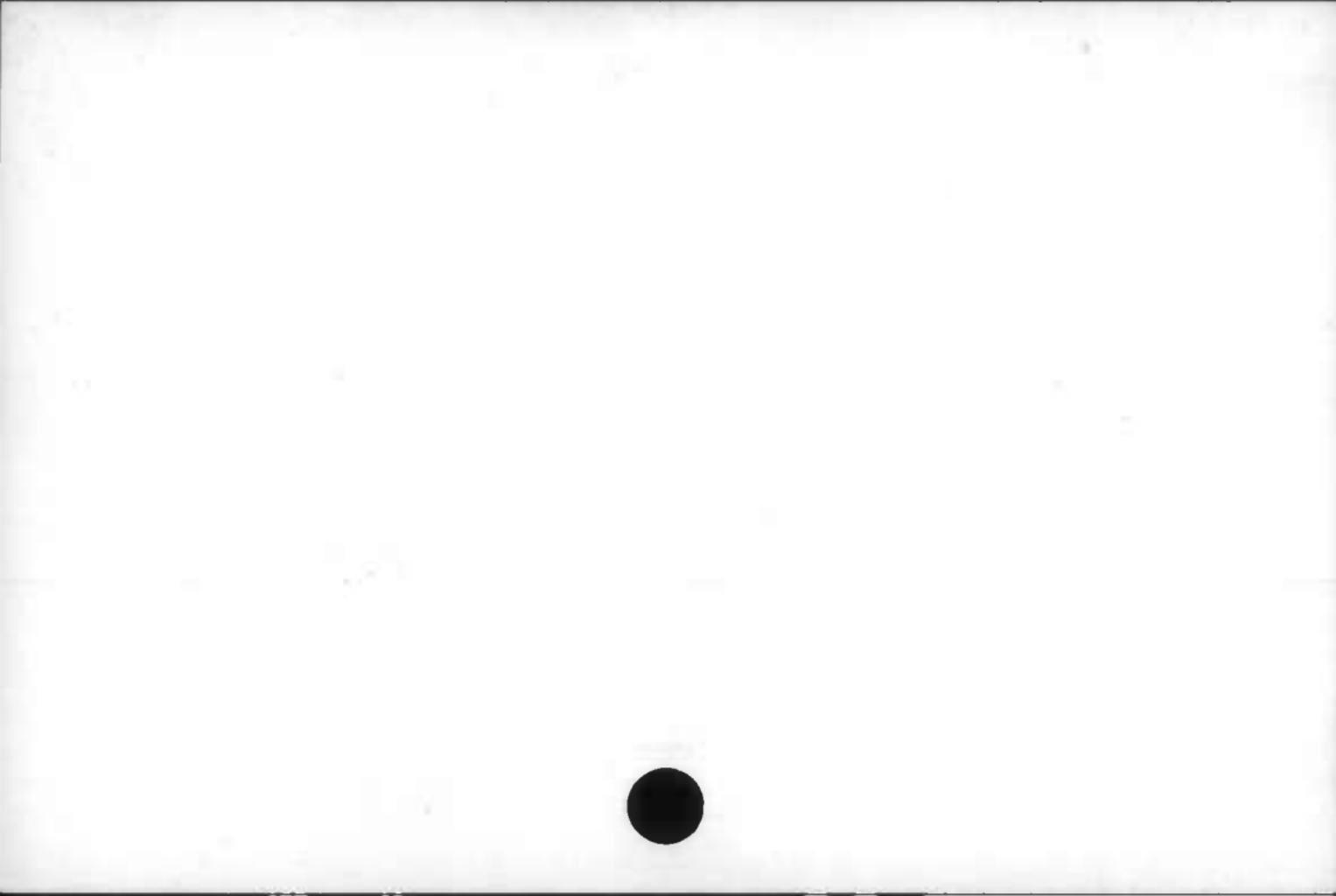
Signature of
Physician

Address

Dr. Smith (not in attendance)
Dr. Ann M.



Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant of Jos. Edward Webster

CERTIFICATE OF DEATH

MARYLAND

Died at Town County

Date of death 1960 Month Day Years Months Days

Sex Male

Color or Race

Age

Months

Days

Occupation

Birth-place

Debs Island

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jos. E. Webster

Father's
Birthplace

Debs Island

Mother's
Maiden Name

Lottie Waller

Mother's
Birthplace

" "

Name of person giving
Information

Jos. E. Webster

How related
to deceased

Father

Primary

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

186
How long

How long

Accident or Suicide

J. F. G. Alexander
Somerset Co.



Name
in
Full

Sheba E. Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Newbern

Town

Date of death 1900 Month 3

Day 7

Age 28

County

Somerset

MARYLAND

Sex Female

Color or Race

White

Birth-place

Newbern

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Pella Webster

Father's Name

Cyrus Curtis

Father's Birthplace

Virginia

Mother's Maiden Name

Sarah A. Gibson,

Mother's Birthplace

Somerset Co

Name of person giving
Information

Pella Webster

How related
to deceased

Husband

Primary

CAUSES OF DEATH

Pulmonary Tuberculosis

28

1 year

Immediata

Arteria

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

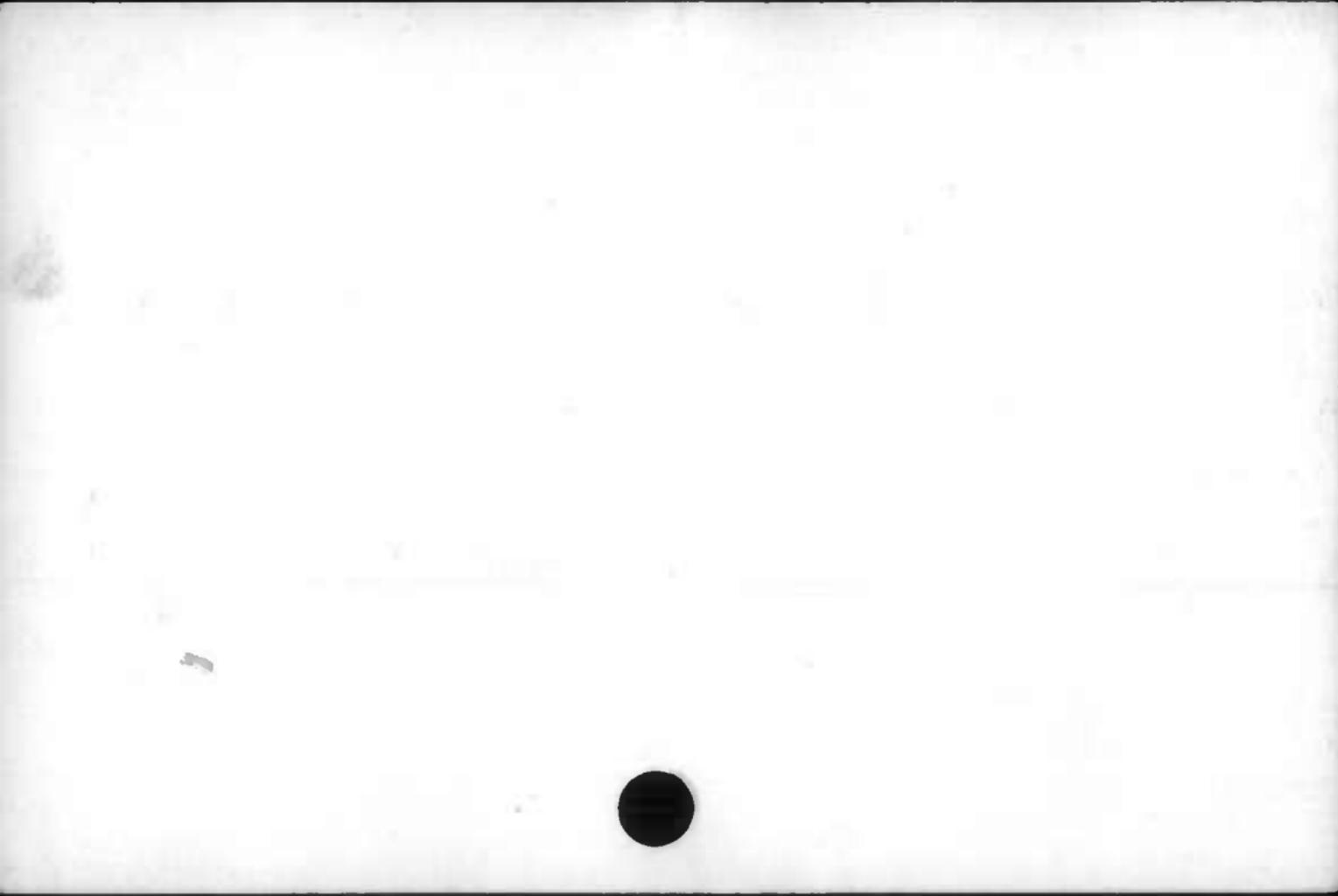
Yes
Neither

H. G. Alexander

Somerset Co



Accident or Suicide



Name
in
Full

Elwood White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		State	
Habersham -			Somerset		MARYLAND	
Date of death	1980	Month	Day	Years	Months	Days
	March		15 th	Age 22	11	21
Sex	Male	Color or Race	Colored		Birthplace	
Occupation	Laborer		Where Residing if not at place of death		Somerset Co. Md.	
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace		
Father's Name	Terese White		Mother's Birthplace		Somerset Co. Md.	
Mother's Maiden Name	Emily Maddox		How related to deceased		" " "	
Name of person giving information	Terese White		Father			

CAUSES OF DEATH

29

Primary	Pulmonary Tuberculosis		How long	6 months
Immediate	Exhaustion		How long	6 weeks.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W. Henry Fisher M.D.	
		Address	Princess Anne Md	
II	Accident or Suicide	no.		

